LEADING THE COMPASSIONATE:

Strategies in mitigating and managing staff susceptible to compassion fatigue

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ABOUT THE AUTHOR

Kate Demulling is a Professional MA Strategic Communications student at the University of Minnesota-Twin Cities. After graduating from the University of Wisconsin-Eau Claire with her B.S. in Sociology and Family Studies she was hired at an adoption agency in the Twin Cities where she worked for five years as an Adoption Specialist. Ms. Demulling's career in adoption led her to understand the depths of adoption; a field peppered with loss, fear, sadness, and all-consuming joy. It was in her work at the agency that she experienced compassion fatigue firsthand and witnessed the gamut of symptoms associated with compassion fatigue by her coworkers. Although no longer working in social services, Ms. Demulling is honored to have worked with the families and professionals she did but has continued to reflect on her time at the agency. Her experiences led her to further explore leadership in relation to compassion fatigue.

Ms. Demulling currently works at the University of Minnesota in the Extension Center for Family Development Applied Research and Evaluation team as a Project Manager. Her Masters program and professional experience have led her to believe that effectively delivering transformative messages to targeted audiences can make or break the communication effect.

When not at work, Ms. Demulling enjoys visiting her family's dairy farm in Wisconsin, exercise, travel, reading blogs and non-fiction books and the Minnesota lakes.

INTRODUCTION

A variety of professionals are exposed to traumatic events and individuals due to the nature of their job – healthcare workers, clinicians, psychologists, social service workers, fire fighters, clergy, therapists and counselors, researchers, educators and more. There is an emotional burden that naturally accompanies these professions, which often triggers a range of mild to extreme emotional reactions by the professional, sometimes resulting in decreased empathy for the work. This paper will attempt to explore the role of the leader in mitigating and managing staff susceptible to this emotional burden and how to engage with and strategically communicate with staff in an effort to reduce the occurrence of compassion fatigue.

Evolution of compassion fatigue

Extensive research has been done to explore the effects of exposure to this emotional burden, originally termed as vicarious traumatization (Bride, Radey, & Figley, 2007). Vicarious trauma often results in, "significant disruptions in one's sense of meaning, connection, identity, and world view, as well as in one's affect tolerance, psychological needs, beliefs about self and other, interpersonal relationships, and sensory memory, including imagery" (Figley, 1995, p. 151). Similarly, clinicians and other professions alike are familiar with the term Secondary Traumatic Stress (STS); Figley (1993) as cited in Figley (1995) defines STS as "the natural and consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). STS is related to but distinct from Secondary Traumatic Stress Disorder (STSD), which is the experience of trauma symptoms through secondary-exposure (i.e. hearing traumatic stories). This is in comparison to Post Traumatic Stress Disorder, which refers to an individual experiencing a traumatic event first-hand.

Figley (1995) introduced the phrase compassion fatigue as the more user friendly term to describe vicarious trauma, STS, and other related concepts. Figley (1995) says there is a "cost to caring" and this phrase describes, "the stress, and even the fatigue, of compassion in the line of duty… [that] better describes the causes and manifestations of their duty-related experiences" (p. 15). Therefore, compassion fatigue is the gradual decrease of compassion over time due to the exposure to a client's trauma related events. This experience can sometimes be described as burnout, which is "…a collection of symptoms associated with emotional exhaustion" (Figley, 1995, p 11) and can occur "when [a professionals'] perceived demands outweigh perceived resources" (Gentry, Baranowsky, & Dunning, 1997 as cited in Potter, Pion & Gentry, 2015, p. 83). Burnout may result in a point of no return to work or a forced period of time to recover.

Self-care and mindfulness training

Individuals who choose professions where compassion fatigue is a natural occurrence often undergo training during their formal education on the symptoms of compassion fatigue, and the importance of self-care and mindfulness. Shapiro, Shapiro, & Shwartz (2000) found that programs designed to implement self-care training during the working years reported, "lower levels of anxiety and depression, greater capacity for empathy, and improved immunological functioning" (as cited in Christopher & Maris, 2010, p. 114). Similarly, Potter, Pion & Gentry (2015) explored the topic of compassion fatigue in relation to oncology nurses in a hospital after concerns were expressed about the prevalence of compassion fatigue within the unit. The "Compassion Fatigue Resiliency Program" was developed to educate staff on the negative effects of chronic stress and its impact on compassion fatigue. The pilot program was five-weeks and focused on stress management, resiliency skills and self-help activities. The results reported

"both burnout and secondary traumatic stress levels decreased during the six months following the program" (Potter et al., 2015, p. 84).

Education not enough, strong leadership needed

Extensive amounts of research have been conducted on what makes an effective leader. Andrews, Richard, Robinson, Celano, & Hallarsixon (2012) reiterate the positive effects transformational leadership has had on subordinates working in a healthcare setting. A transformational leader often identifies a needed change and then leads through inspiration and motivation, placing less value on authoritative practices. Moreover, Cummings, MacGregor, Davey, Lee, Wong, Lo, Muise, Stafford (2009) found in their multidisciplinary systematic review that, "relationship or people focused leadership practices contribute to improving outcomes for the nursing workforce, work environments and for productivity and effectiveness in healthcare organizations" (p. 364).

Boyatzis, Smith, & Blaize (2006) suggest coaching (leading) with compassion is advantageous for both the leader and the subordinate. McCrea and Bulanda (2008) conducted a study with 18 residential care program supervisors and suggest a *Compassion-Based Model of Staff Supervision* to be most advantageous in mitigating and managing staff susceptible to compassion fatigue. This leadership model is reflected in the response of a participant in this study who said:

> *"It is important to understand the stresses of the staff, to be able to put yourself in their shoes, and in the shoes of the resident. Compassion for others and balancing this with making sure the work gets done is what is most important."*

Leader-Member Exchange (LMX) theory suggests "that a supervisor has a unique relationship with each member of his or her work-group (Graen & Scandura, 1987)…. High

quality LMX relationships are characterized by higher levels of mutual trust, respect, liking, interaction, and support than low-quality LMX relationships (Eiden, Wayne, & Stillwell, 1993)" (Thomas & Lankau, 2009, p. 419). Supervisors and subordinates in high-quality LMX relationships "may be more likely to communicate with one another about effective role management. However, the results also mean that supervisor-subordinate relationships that are lower in quality are associated with role stress" (Thomas & Lankaua, 2009, p. 428). A leader can only control a certain level of support for an individual, as each person carries their own unique susceptibility and resiliency to compassion fatigue. Some individuals "have developed mechanisms that allow them to maintain their well-being under intense and sustained pressure. But despite the stress and irritations associated with work, some individuals remain healthy. Others become less empathetic and withdrawn" (Slatten, Carson, & Carson, 2011, p. 326). Kinzel and Nanson (2000) discuss how an individual's compassion fatigue is affected by situational and personal factors. Situational factors, such as lack of time, resources and environment are external variables whereas the personal factors "include the emotional reaction and personal coping mechanisms" of the individual (Kinzel & Nanson, 2000, p. 129). Ultimately, compassion fatigue leads to negative emotional and physical symptoms for the professional, causing a domino effect in their ability to execute their job in a productive manner and affecting the function and performance of the organization.

RESEARCH QUESTIONS: WHY DOES THIS MATTER?

There is a plethora of research on what makes an effective leader. Additionally there has been a considerable amount of research done on compassion fatigue. However, there appears to be a gap in the research that addresses how a leader is to lead a team susceptible to compassion fatigue. Little attention has been paid to the topic of how a leader can effectively execute all the

responsibilities associated with leadership while also maintaining the health of their staff. As Figley (1995) said, there is a "cost to caring" which affects both the individual, but furthermore the organization which will pay for the time lost if an employee needs to take a brief or lengthy period of absence for recuperation as well as costs associated with turnover. This study and paper attempts to bridge the gap and answer the following research questions.

- How does a leader create an organizational culture that mitigates the likelihood of compassion fatigue?
- How does a leader effectively manage an employee experiencing compassion fatigue?

The researcher had three predictions prior to conducting research based on reviewing existing literature and personal experience:

Prediction 1: Leaders in the social service arena have limited resources, including time and education, to effectively mitigate and manage staff susceptible to compassion fatigue.

Prediction 2: Within the social service arena, staff feel their supervisors (leaders) cannot identify compassion fatigue within their staff or do not know how to effectively mitigate or manage the symptoms associated with compassion fatigue.

Prediction 3: The social service organizations that the leaders work for do not have a compassion fatigue strategy plan.

METHOD

In-Depth Interviews

Upon Institutional Review Board approval, the researcher contacted middle managers and directors supervising individuals who may be susceptible to compassion fatigue on a regular basis to conduct in-depth interviews using the script in Appendix A.

The directors and managers were all individuals the researcher had previously known from professional experience with the exception of one. This particular contact was made through one of the interviewees. All directors and managers were supervisors or had supervised in the field of child welfare at various organizations. For the purpose of this report, the leaders were given aliases to protect confidentiality. The five Directors and Managers will be referred to as: Ali (Appendix C), Brianna (Appendix D), Ellie (Appendix E), Kirsten (Appendix F), and Linda (Appendix G). In the interest of clarity, they will be referred to as the interviewees or leaders moving forward. All interviews were conducted during the month of April 2015 either in a private room on the University of Minnesota campus or at the interviewee's office, as requested. All five of the interviewees read the information form and consented to the interview and audio recording. Affective Methods were used to investigate, "participant emotions, values, conflicts, and other subjective qualities of the human experience" (Saldaña, 2013, p 261). Each individual interview took roughly one hour.

All five interviews were uploaded to transcriberly.com for human audio transcription. The researcher believed the transcripts were 99% correct based on audio and memory. The analysis of the data was done using QSR NVivo 10. Transcripts were uploaded into the software. The researcher developed themes and sub-themes (see Figure 1), utilizing pattern coding as outlined by Johnny Saldaña (2013) in his book, *The Coding Manual for Qualitative Researchers*. The codes were narrative in nature. As Saldaña (2013) outlines, narrative coding refers to, "literary elements and analysis to qualitative texts most often in the form of stories. Appropriate for exploring intrapersonal and interpersonal participant experiences and actions to understand the human condition through narrative" (p.265-266). Two independent coders were utilized to validate themes.

Focus Group

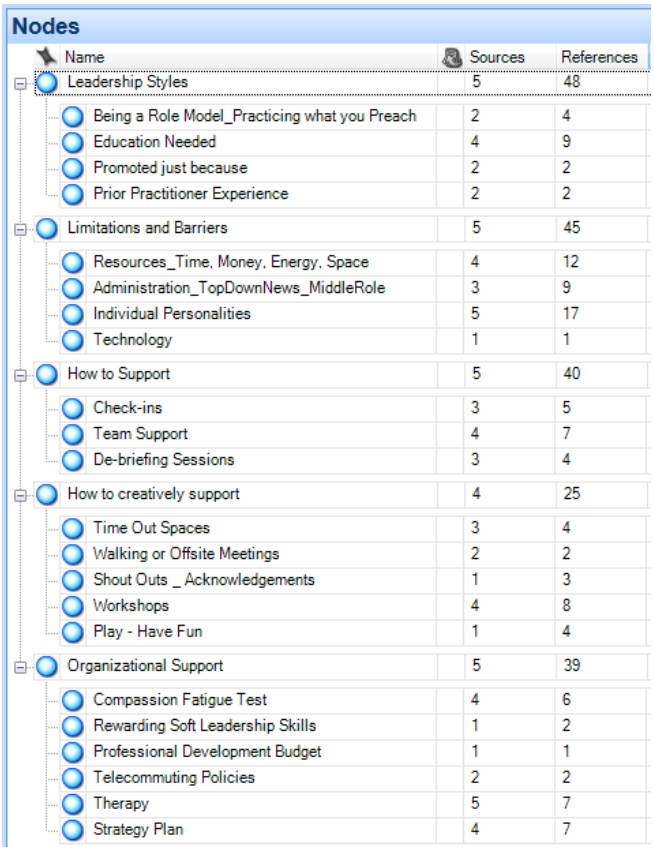
Upon Institutional Review Board approval, the researcher contacted front-line employee professionals who may be experiencing compassion fatigue first hand due to the nature of their jobs. The researcher had previously known the individuals from professional experience with the exception of one. This additional individual contact was made through one of the focus group participants. All participants had previously or were presently working in the field of social services. Years of employment ranged from seven to 29 years with an average of roughly 13 years. The eight participants had a range of social service employment including work with: abuse and rape victims, homeless individuals, refugees, veterans, domestic and international adoption, day treatment center for youth and county social work.

The focus group took place in an agreed upon home for the purpose of privacy and convenience a month after the in-depth interviews were conducted. All participants read the information form and consented to their participation in the focus group and audio recording. A script found in Appendix B was used to lead the focus group discussion. Similar to the in-depth interviews, affective methods were used. The focus group took roughly one hour.

The audio was uploaded to transcriberly.com for human audio transcription. The analysis of the data was done using QSR NVivo 10. Transcripts were uploaded into the software. The researcher developed themes and subthemes (see Figure 2), utilizing pattern coding to replicate the process of analysis done for the in-depth interviews. In the interest of clarity, the individuals will be referred to as participants or professionals in the findings section. Two independent coders were utilized to validate themes.

IN-DEPTH INTERVIEW FINDINGS

Five main themes were extracted from the five in-depth interviews: (1) Leadership Styles, (2) Limitations and Barriers, (3) How to Support Staff, (4) How to Creatively Support Staff, (5) The Role of the Organization and a Compassion Fatigue Strategy Plan. Within each theme, several sub-themes emerged. The revealed themes should assist both leaders and the organization in strategically communicating with and engaging staff in an effort to prevent compassion fatigue or inform current organizational practices for staff experiencing compassion fatigue. The terms leadership and supervisor will be used interchangeably but both refer to the person managing a team of individuals. Similarly, the terms subordinate and staff will be used to identify the individuals under the direction and authority of a supervisor or leader.



Nodes

Name	Sources	References
Leadership Styles	5	48
Being a Role Model_Practicing what you Preach	2	4
Education Needed	4	9
Promoted just because	2	2
Prior Practitioner Experience	2	2
Limitations and Barriers	5	45
Resources_Time, Money, Energy, Space	4	12
Administration_TopDownNews_MiddleRole	3	9
Individual Personalities	5	17
Technology	1	1
How to Support	5	40
Check-ins	3	5
Team Support	4	7
De-briefing Sessions	3	4
How to creatively support	4	25
Time Out Spaces	3	4
Walking or Offsite Meetings	2	2
Shout Outs _ Acknowledgements	1	3
Workshops	4	8
Play - Have Fun	1	4
Organizational Support	5	39
Compassion Fatigue Test	4	6
Rewarding Soft Leadership Skills	1	2
Professional Development Budget	1	1
Telecommuting Policies	2	2
Therapy	5	7
Strategy Plan	4	7

Figure 1: In-depth interview themes

Leadership styles

Leadership Styles was one of the main themes with the following sub-themes emerging: Being a Role Model, Education Needed for Leaders, and Prior Practitioner Experience. All five interviewees were asked how they would describe their leadership style in regards to supervision. Four out of the five interviewees mentioned utilizing a form of relational leadership. Two of the interviewees, Brianna and Kirsten, referenced their participatory and transformational leadership styles. There was an overwhelming focus on the importance of emotionally supporting their staff through trust. Ali, Brianna and Linda mentioned their "open door policy" to evoke a sense of availability – both physically and emotionally. Two of the interviewees mentioned how their efforts can only go so far. As Brianna stated:

> *I'm perceptive, but I'm not a mind reader and you [the subordinate] know what you need best. So the onus is on you . . . if you need something from me, as a supervisor, I'm not always going to recognize that. You need to be comfortable asking me directly, and I recognize that requires a lot of trust between the worker and the supervisor.*

Being a role model

Both Ali and Brianna talked about the importance of being a good role model for their staff in an effort to stave off compassion fatigue. Brianna said she does not contact staff when they are on vacation unless it is an absolute emergency and she expects the same in return. Ali talked about the importance of practicing what she preaches to her staff.

> *It's helping . . . staff understand when you need to unplug and I think one of the most complicated elements that we will be facing coming up is generationally we are so plugged in all the time. And we can't continue to work at that level, you have to be able to have evenings, weekend, downtime where you can do some unplugging . . . . But it's*

making sure that I give permission to people to do that. It's important that I demonstrate that I can do that. Because it's my own actions as well as my spoken word that shows that. And I think that's important at both of those levels.

Additionally, Ali also mentioned the importance of being a good role model for the managers below her.

Education needed for leaders

There was a strong theme of the need for education for leaders to effectively manage their teams. Ellie said,

When I became a supervisor I had no information about how to be a supervisor. Other than I had . . . some good supervisors, and I've had one or two not good supervisors . . . So I had seen things I knew I didn't want to do and things I did want to do . . . I had no training in supervision at all. I had the right license, that's what I had.

Both Linda and Kirsten echoed this point. Kirsten said she "spent a lot of money on management books …. looking for ideas" on how to manage different staff persons.

Brianna said her organization requires supervisors to attend supervisor training but that this is only required for new supervisors and those who have been supervising for "a while don't necessarily attempt the training."

Prior practitioner experience

Both Ali and Brianna said their leadership is influenced by their prior experience of being a staff person and a practitioner. Brianna said, "I never want to forget what it was like to be in their shoes and to juggle a lot of balls." Ali reiterated that "it helps that I've done direct practice myself."

Limitations and barriers

Limitations and Barriers was a main theme among the interviews with the following sub-themes emerging: Administration and Delivering Top down News, Resource Scarcity, and Individual Personalities. The leaders were asked to identify limitations and barriers they experienced in effectively leading staff susceptible to compassion fatigue. The following three sub-themes were identified.

Administration: delivering top-town news

Brianna, Ellie and Linda all identified delivering top-down news from administration to their staff and the challenging aspects of the middle-management role. This role often limited their time to support their staff since they had to complete tasks for upper management and administration. Additionally it often created a barrier to support. Ellie said,

> *When you're in that supervisor role, it's really hard because you have to be supportive, be honest, but not always honest because I might think that what they decided upstairs is beyond idiotic. But I have to go in the meeting [with my staff] and tell [them] this is the right thing. And then it's really hard to maintain trust with people because in some ways you just hope they see through you a little bit . . . hopefully they understand that I realize this is a bad decision and that I wouldn't advocate for this 'cause this is going to make it hard for them to do their jobs. But I can't tell them that. So I think that middle space is hard, for everybody. You want them to be smart enough to see through you I guess, which is horrible.*

Brianna also said this middle role of disagreeing with administration and their new directives and having to deliver it while not always agreeing with it creates "undue strain."

Ellie also added,

> *I think it's really, really hard because you don't get to tell the CEO or whoever it is, 'Oh, you know what? I'm not going to get… that budget in on time because my staff is seemingly kind of down and I'm going to need to be extra supportive and I think they need some extra reflective supervision time this week.' I mean you don't get to do that. So the pressures always pull you upright . . . not necessarily towards giving the staff what they need.*

Linda expressed a similar limitation in knowing staff are overworked but also being aware that more staff cannot be hired. She said, "The . . . challenging part is honestly being able to keep up with what's necessary in terms of keeping the agency running and . . . being efficient."

Resource scarcity

Perhaps the most overwhelming theme of lack of resources was in speaking to limitations and barriers in effectively leading teams susceptible to compassion fatigue. The exposure to trauma is only magnified with resource scarcity. All five interviewees mentioned a lack of: time, money, energy, space and technology as affecting their leadership. Brianna said directly, "We have a lot of work that needs to be done and not enough resources to meet all of the needs." Linda cited time and energy as being a contender; "Time for myself and for the staff; because it takes time and emotional energy to really sit and talk about it." Ellie said, "The problems with resources were so big and the solutions to those resource issues were all things that were going to make compassion fatigue worse." Ellie elaborated by talking about a time when a supervisor told her to take a day off to take care of herself after a particularly stressful situation and she said:

> *I got mad. I got angry . . . because you think I can take a day off! . . . . I think . . . it's important [for this message to] be framed correctly. 'Cause if you take a vacation in this kind of work, you pay for it. And so that is a little risky.*

Ellie said she asked her staff for feedback at unit meetings and "one of the things they always say [is] . . . more money. That they're doing the work of one-and-a-half people." Ali elaborated this idea with,

> *When you take a look at the realm of employment overall, historically it's not a highly paid arena, and so then you have your own life elements and how do you take your income and do what you need to do and you've got your own personal dynamics that factor into your work dynamics.*

In relation to money, Kirsten cited technology as being a major limitation in effectively leading her staff. She said she would have liked to

> *have given everyone laptops so people could work from home or work remotely or even just go sit downstairs in the empty conference room and work from there. But when people have . . . desktops . . . [they] are forced to sit at their cube all day long . . . . [Also] I think making sure everyone has a skype account or google voice account where [they] can make calls to . . . clients and . . . don't have to use [their] cell phone or home phone number.*

Individual personalities

All five of the interviewees mentioned individual personalities of staff as sometimes being a barrier in effectively leading. Linda described her style as being more relaxed and flexible and how this does not work well for one subordinate in particular. Kirsten also mentioned that each staff person has their own individual reaction to stress and trauma. The researcher asked if they, the leader, thought they could prevent compassion fatigue, Linda said,

> *I don't know if I have that much power. I hope that I can at least support them and I do really think that because all of us are different and how we experience this work and how*

much we feel it I think it's not . . . taking the onus off of me but I think it's very dependent on them as an individual in terms of their ability to cope. And so I think I have an influence on . . . making sure . . . they have a safe place to talk about it to share their experience to talk about ways they can take care of themselves and be supportive.

How to support

The third major theme of the interviews was how to effectively support individuals with the following sub-themes emerging: Check-ins, Debriefing Sessions and the importance of Team Support. The leaders were asked to identify successful and unsuccessful strategies of support for their staff to mitigate or manage compassion fatigue. Each leader said they were able to sense when a staff person was exhibiting compassion fatigue symptoms. Ali said,

I think it is particularly important when we find ourselves in a social service arena. [We] will continue to have crunched budgets [and] front line staff will continue to experience compassion fatigue. It's inherent to what we do and its how do you help them get through . . . You have to continually watch that, and understand . . . they are your resource and that it's important to take care of them.

The following were the main tactics used in supporting staff susceptible to compassion fatigue.

Check-ins

All five leaders mentioned the use of formal and informal check-ins as a way of gauging the level of compassion fatigue that could be occurring. Kirsten said, "I'd try to check-in with people, one on one, on a regular basis." Brianna said,

One of the things I always ask [during a supervision meeting] . . . on a scale of one to ten, with one being 'I hate coming here' and ten being 'I love being here,' where are you

at this week? Sometimes, when you are in the midst of [work], you may not recognize . . . you're less than happy and so I try and . . . do those kind of check-ins.

Ellie recalled having honest "conversations with people about . . . [how] did they . . . feel connected to the purpose and the mission" during her check-ins with staff.

Kirsten said her role as a listener was one of the most important tactics in mitigating compassion fatigue.

I think for many people, but definitely not all, they felt like it was a safe place to . . . vent – that I wasn't going to try and fix it, that I would just listen and I might ask at the end of the conversation . . . 'what do you want me to do with this information?' Sometimes people said 'nothing,' . . . other times . . . they would have . . . a recommendation or come to their own solution.

Debriefing sessions

Several of the leaders placed value on debriefing sessions within and across teams when a traumatic event has occurred. Ali noted a time when a particular team was experiencing a traumatic event; she said,

I was absolutely [talking to their supervisor] about getting in there [and] having conversations, having debriefings with the team about how they were doing and where they were at and how that had a personal impact on all of them – individually, as well as a team as a whole, it needed to be looked at [on] both levels.

Linda said her organization definitely utilizes debriefings but noted the advantages and disadvantages of these sessions. "I think the advantages are pretty obvious, being together, providing a safe place to talk." However, Linda acknowledged this forum is not always the most conducive for all personalities and noted this was important to keep in mind.

> *I think the disadvantages are . . . [debriefings are] set up for a very specific type of coping . . . [and] . . . is not helpful for those that are not verbal processors . . . . If you're more of an internal processor, which a lot of my staff and myself included are, that can create more anxiety and stress because you're hearing someone share their stories and that's just putting more added stress on them.*

Team support

Instilling a strong sense of team support was highlighted by all the leaders as an effective way to mitigate and manage compassion fatigue within their teams. Brianna said, "The success of one of us means success for the team and likewise, if one of us is struggling, the whole team is struggling." Ellie said,

> *I think . . . that when the team was really positive and connected they motivated each other . . . . They would check-in with each other . . . . [about tough cases] and the fact that your coworker was thinking about this kid you're trying to help [meant a lot].*

Linda and Kirsten mentioned team members becoming good friends and relying on one another as a strong and effective coping mechanism. Ali spoke of the importance of mentorship within teams. "I think the more…we have seasoned people scattered throughout . . . to have people mentor and process through" the tough times is "very intentional." Ali added that she found it crucial to reiterate to her team that "we are a unified team and we're . . . not internally fragmented [or going to] point fingers because in this world the pendulum swings and we have to work on a unified front."

How to creatively support

How to creatively support teams was a profound theme with the following sub-themes exposed: Flexibility, Walking or Offsite Meetings, staff Acknowledgements, the importance of Play and Self Care. In the social service sector, as mentioned, resources are often limited. Leaders are not often given spending accounts to invest in tactics that may mitigate or manage compassion fatigue. Brianna said, "I have to be creative about the ways . . . I can help my staff avoid compassion fatigue." The following creative tactics were mentioned the most by the five leaders interviewed.

Flexibility

All five leaders mentioned the importance of utilizing flexibility in scheduling and hours for their staff. Brianna noted, "this job demands flexibility" so it makes sense that the leaders would also instill a sense of flexibility within their jobs. Lead said allowing flexibility in scheduling for her staff is "one way . . . we retain such amazing staff." Brianna noted that she cannot tell her staff to go home early but uses creative coding with her staff by,

> *On a Friday, or a day before a holiday, or if it's just been an extra stressful time…I walk around the unit and say, 'Don't you have a home visit at 3:30 that you need to get to?'. . . That means go home.*

Walking or offsite meetings

Ali said she encouraged her staff to "get away, take a walk or go offsite and come back . . . . If you need to do it for more than . . . [a] period of time I'm completely open to that." Kirsten reiterated that she also encouraged her staff to take a walk or "have a walking meeting."

Acknowledgements

Ali said the "number one resource is our people, is our staff" in talking about the importance of taking care of staff. Kirsten saw it as her role "to acknowledge and appreciate the work that people are doing" so the staff felt valued both personally and for their work. Brianna has created several tactics to acknowledge her staff. She created "shout outs" for her unit which is a jar that staff can submit a shout out to a fellow staff person, for a good deed both big and small. In unit meetings, she reads them out loud to acknowledge the staff person's good deed. She said it is "definitely good for morale." Additionally, Brianna names a 'Superstar of the month' for a "worker who has demonstrated awesomeness in a work skill, whether that's dealing with a particularly difficult case, or managing a lot of things. We recognize that kind of effort from our staff." Lastly, Brianna created a monthly raffle. She hands out raffle tickets to staff who have excelled in a small or large task. At the end of "each month I have a little gift that I raffle off." This gift does come from Brianna's personal finances but she sees it as important in acknowledging her staff's hard work. In reflection, Brianna said,

> *It's fun . . . it's a way to make our unit meetings not so much about new policies and here's what you need to do . . . . But to recognize that despite all of the crap that comes our way, we're still functioning. We still have reasons to laugh and smile every day.*

Play

Ali said there needs "to be a certain level of boundaries between professional and work but there are times that we have to have some play time together. It's just important." Kirsten mirrored this sentiment saying she "would have tried to have more fun" with her teams to mitigate or manage compassion fatigue. Ali mentioned her team is going to a Twins baseball

game together this year. Additionally, she said "in the fall we typically run a version of the Amazing Race . . . they get to go and play and we take a half day [off]."

Self-care

Brianna said in an effort to instill the importance of taking care of oneself, "before every unit meeting we do relaxation exercises . . . basic deep breathing, and stretching." Ali mentioned she and Linda's organization has "affordable chair massages that the [staff] pay for themselves but it's onsite" during the workday for convenience. The chair massages are available once a month. Additionally, the leaders at their organization organize yoga sessions at work. Linda said, "a yoga teacher comes . . . where people can sign up for a six-week session . . . at like, 10 a.m. on Tuesdays." Ali also noted that the organization has friendly competitions around exercise and has scheduled an essential oils professional to come in and talk to interested staff.

The role of the organization: A strategy plan

Lastly, the theme of the organization's role in managing and mitigating staff susceptible to compassion fatigue was a common thread throughout the interviews. All five leaders were asked to explore their organization's role in mitigating and managing compassion fatigue. All five leaders said their organizations did not have a plan or play a role in staff's potential or present compassion fatigue. In regards to the organization, Kirsten said, "I think their strategies were to talk about it but it always stayed in a place of talking about it. It was really well intentioned but it was just processing and it never figured out how to move out of that." Moreover, Kirsten said, "I think the organization can choose to see things as compassion fatigue or not. And then if it does either way it can choose to care about it or not." All five leaders reported they did not ask staff to take compassion fatigue tests and did not have formal time out

spaces though each leader discussed the value of Employee Assistance Programs in providing therapy to staff. The leaders were asked what plan the organization has for people who are experiencing symptoms of compassion fatigue. All five leaders said it was the supervisory leader's role to manage the staff person. Brianna said, "It's my role. It's not handled on an upper level." Ellie said she did not "think the organization [was] set up to help them."

FOCUS GROUP FINDINGS

Three main themes were extracted from the focus group transcript: (1) Trauma Exposure, (2) Factors contributing to compassion fatigue, (3) Desirable Supervision. The second theme revealed two sub-themes and the third theme has six sub-themes. While various themes could be extracted from the transcript, the following themes relate to how a staff person would most appropriately like leaders to assist in mitigating or managing compassion fatigue. These themes can help inform a leader how to strategically communicate and engage with staff in an effort to stave off compassion fatigue to avoid overhead costs associated with burnout and turnover.

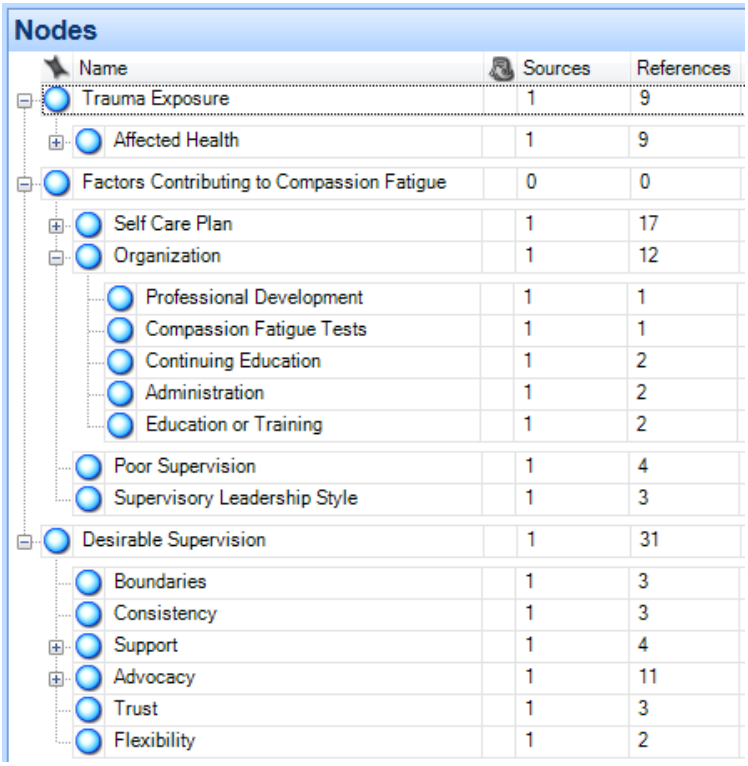


Figure 2: Focus Group Themes

Trauma exposure

Each participant of the focus group identified the various forms of trauma they have had exposure to in their social service careers. Individually, each participant talked about the secondary trauma they experience from hearing their clients stories that range from mental health, physical and sexual abuse to homelessness, war, orphanage and refugee camp experiences. Each participant said they encounter this secondary trauma on a daily basis and that it affects their daily thoughts and functioning. Participant H said it was "rare if it wasn't daily" that she found her mind wandering back to her client's trauma outside of work. Participant E talked about the secondary trauma she experiences through the images of her client's trauma, "I might be playing with my kid [after work] and all of a sudden I'm . . . seeing something that I don't really want to see." Four participants said their sleep was regularly affected. Participant G elaborated by saying, "…It would be very hard for me to turn off my brain at night and go to

sleep. I'd be stressed out during the day and I would be more anxious [at night]." Participant D said it was an ongoing joke in her home that her family members knew when she had to go to work because she would experience vomiting and diarrhea in the morning and when she returned home due to stress and anxiety.

Factors contributing to compassion fatigue

Two main themes were apparent factors contributing to compassion fatigue. The focus group participants talked at various points on how administration and poor supervision along with the lack of organizational support affect their likelihood of experiencing compassion fatigue.

Administration and poor supervision

Participant G said, "Administration made a big difference" in her job satisfaction citing getting in all the paperwork to her manager for submission to administration was stressful. Participant D agreed by saying, "I think some of the people above us just don't understand . . . and so they don't get it." Participant C said she left a former position solely based off of the poor supervision skills. Participant F noted the parallel of having too many cases to having too many supervisees, "If you have too many [supervisees] you can't do it. Just like if you have too many cases as worker, you can't do a great job."

Lack of organizational support

The participants were asked if their organizations discussed the concepts of vicarious trauma, secondary trauma and compassion fatigue. Six participants said their organizations did not discuss these concepts. Participant F recalled a speaker coming into the organization to discuss the concept of compassion fatigue but said, "There was no follow up . . . . I don't think it

was ever backed by supervision." Participant E was unique in citing that her organization requires individuals to discuss their compassion fatigue in their performance reviews. She said, "it becomes part of our conversation we're constantly having with our supervisors . . . . It's not like you're incompetent because you're experiencing compassion fatigue . . . it's expected. . . . It makes it a lot different to talk about it." Similarly, Participant E said her organization regularly asks staff to take compassion fatigue tests whereas the other seven participants had never heard of a compassion fatigue test. Overall, Participant E seemed pleased with her organizations proactive measures in mitigating and managing compassion fatigue.

Participant F talked about the Employee Assistance Programs that offer therapy through benefits, saying the list of therapists is short and only offers three sessions. Participant F said, "At the end of the three sessions, I was like this wasn't even helpful." She went on to say, "I . . . feel like . . . most or all people that are in [these] professions should or would benefit from having their own therapist. Even if it's like having five [sessions] a year."

Desirable supervision

All participants were asked to identify desirable supervision attributes that would alleviate some of the stress to lessen the likelihood or at least not contribute to compassion fatigue. Six main themes were extracted: Advocacy, Boundaries, Consistency, Flexibility, Support, and Trust.

Advocacy

Three participants identified advocacy as being one of the most coveted leadership skills. Participant G said it is important for a supervisor to stand "up for a team when changes are made that affect the team negatively or affect clients negatively." Participant D added, "and even if

that person isn't successful in getting what you need or the team needs, at least you knew she [or he] was right." Participant F said knowing that your supervisor "has your back . . . . [and] really is looking out for the best interest of not only the clients but also the workers" was important.

Advocacy also came in the form of knowing the supervisor would advocate for a supervisee's self-care. Participant A said, "I think supervision is huge; who you have as a supervisor. If they believe in a life balance or not, how they [practice] self-care [has an] impact."

Boundaries

Participants B and C (who work at the same organization) said their organization does not give remote access to email outside of the building. They both reported this helped them set better boundaries in keeping work at the office. Participant B said, "Once I walk out the door I have zero access. I have no phone numbers; I have no emails. It makes [me] check out. [I] have no option. It makes a big difference . . . . in compassion fatigue." Participant C echoed her thoughts and said, "You know when you're home there's nothing you can do about it. You can't do anything about it until you walk in the door the next day." Participant E had formerly worked at the organization of Participants B and C and said the organizational "structure totally made a . . . difference for . . . setting my own boundaries. Because [at other organizations], you have access." Participant E said it was important for a supervisor to be a good advocate for setting good boundaries for their staff and not give into pressure from upper management.

Consistency

Participant H said, "Consistency is the biggest thing for me." Participants B and J agreed. Participant H went on to say consistent supervision was important to ensure your questions were

being met and your voice being heard. She said the anticipation of knowing she has a standing supervision meeting that will be held and not cancelled was important.

Participant D said it was important for supervisors to be consistent with work expectations. This participant said she had a supervisor who would say, "You don't have to do all that work at home but [then would ask] how come you don't have this report done yet." Moreover, Participant D said consistency in the division of work amongst team members is important. She reflected that she would often be asked to take the hard cases (which was acknowledged) and was told she would not have to take the next hard case, but in the end would have to.

Flexibility

Participants B and C cited flexibility as being an important leader quality. Participant C said flexibility in work hours would allow for staff to see therapists since typically therapists work daytime shift hours. Participant B said a leader "giving me . . . flexibility because there's [a] trusting relationship. They know . . . you'll . . . get your stuff done."

Support

Receiving support from a leader was a strong theme among the participants. Support looked different for each individual. All participants wanted support in the promotion of self-care (not emailing outside of work hours, taking vacation, etc.). Participant A reflected on a time she felt supported,

> *"I had a family where the child was shaken to death . . . . My direct supervisor was on vacation so a different supervisor handled it . . . . She arranged [for] a therapist to come in and . . . talk with myself [and coworkers] . . . . It was really helpful."*

Participant B shared a similar experience where a veteran unexpectedly passed away and the supervisor called all staff working with the veteran in to reminisce about the client. Participant B said she felt like this was a reminder that they could "come talk to [the supervisors] if we need it." Participant G said she appreciated the support she received in team meetings hosted by the leader.

Trust

Participant A said it was important for a supervisor to keep information shared in supervision meetings in confidence and to have the boundaries to not share it with other supervisors. Participant A stressed that she wanted to feel like she could talk about cases in a therapeutic sense and not have it shared with other supervisors how it was handled. Participant B said trust was the most important characteristic in a relationship with a leader. She said she wants a supervisor who will say "you can leave early because I trust that you'll get your . . . [work] done."

PREDICTIONS REVISTED

The predictions posed by the researcher prior to conducting the research were mostly supported with varying and mixed support. Prediction one addressed that leaders have limited resources, including time and education, to effectively mitigate and manage staff susceptible to compassion fatigue. All five leaders supported this prediction citing their lack of formal leadership education and consistent struggle of having enough time for staff.

Prediction two focused on staff feeling their supervisors (leaders) cannot identify compassion fatigue within their staff or do not know how to effectively mitigate or manage the symptoms associated with compassion fatigue. All leaders interviewed said they could likely

identify compassion fatigue within their staff but did not always know what to do. The reason often being a lack of resources, namely money for extra hours worked, to acknowledge the extra burden of compassion fatigue. The focus group participants, with the exception of one, did not believe their leaders could identify compassion fatigue or knew how to effectively manage it. This prediction was not supported by the leaders interviewed and mostly supported by focus group participants.

Prediction three was mostly supported. All five leaders interviewed and seven out of the eight focus group participants did not have a Compassion Fatigue Strategy Plan in place at their organizations. The outlying focus group participant said she was not aware of a formal Compassion Fatigue Strategy Plan but did support that her organization had in place various tactics to mitigate and manage compassion fatigue.

LIMITATIONS OF STUDY

This study is robust with information but has limiting factors for application and practice with leadership. The study was done with leaders and subordinates only working in the social service child-welfare arena. The recommendations could be applied across public and private sectors with the caveat of keeping industry factors in mind. Additionally, the researcher had a professional working background with four out of the five in-depth interviewees and seven out of the eight focus group participants. Also, some participants of the focus group knew one another from previous professional experience. These previously established relationships could have skewed responses and overall tone of the interview. Moreover, the researcher holds biases, having experienced compassion fatigue within the social service child-welfare arena, which could have influenced questions asked, tone of interview and analysis of findings.

DISCUSSION & RECOMMENDATIONS

Recommendations for supervisors/leaders

Proactive culture of communication exploration

Individuals in a leadership role where staff are susceptible to compassion fatigue should consider a multitude of factors to best engage with and strategically communicate with staff. Considering the following questions surrounding the organizational culture would be beneficial in understanding the platform from which the leader is working and in creating an individual leadership communication and engagement strategy plan to mitigate or manage compassion fatigue among staff.

- What is my management communication style? Does this communication style support staff?
- What is the culture of management communication at the organization? What is the culture of employee communication at the organization?
- Does the organization support my professional development of management skills to enhance my strategic communications with staff?
- What are the resource barriers and how are they acknowledged in an effort to support staff?
- Do I have a communication strategy established for individuals on my team to mitigate or manage compassion fatigue?
- Does my organization have an awareness of what compassion fatigue is? Does the organization view compassion fatigue as an employee health issue? Is this strategically communicated to staff? If so, does my organization have a communication strategy for

staff susceptible to compassion fatigue? Do I agree with this plan? Could there be improvements?

Proactive and reactive tailored communications

Exploring the organizational culture of communication and employing a self-exploration of personal management communication style is likely to assist in making decisions on how to best support a team. Awareness of organizational communication culture and limitations and barriers that affect the day-to-day work can allow for an informed communications strategy. As noted in the five interviews, as is common in most industries where staff are susceptible to compassion fatigue, there are limited resources, time being the most noteworthy. Utilizing the following tactics seemed to be the most successful in supporting staff in an effort to avoid staffs' compassion fatigue. It should be noted that these tactics are virtually cost-free with the limited expense of time and forethought. Investing in these tactics on the front-end as compassion fatigue prevention could stave off further organizational costs associated with temporary or permanent absence due to compassion fatigue and ultimately burnout. These tactics create not only a base layer for morale but will further inform a leader on how to effectively and strategically tailor communication to individuals and teams.

- Regular formal and informal staff check-ins
- A flexible team culture where trust is valued
- Consider individual personalities and coping styles to tailor communications
- Debriefing sessions among teams when trauma has occurred
- Encourage team support, play together!
- Promote boundaries both at work and away from work
- Discuss self-care both at work and away from work

- ➲ Acknowledge hard work and validate trauma experienced
- ➲ Advocate for staff on a consistent basis with administration
- ➲ Value your staffs' work schedule flexibility

Recommendations for the organization

The goal of this study was to explore how a leader can effectively mitigate or manage compassion fatigue among staff. However, upon reading the literature and conducting the interviews and focus group the researcher was able to identify that the leader is only as strong as the support of the organization. The organization needs to identify what their culture of management communication style is. This topic should be discussed and explored by management leaders on a regular basis and soft leadership skills should be encouraged and rewarded. Furthermore, the organization should identify what the limitations and barriers are that the leaders face when trying to effectively communicate and engage with their staff. The organization should produce a compassion fatigue strategy plan that considers the importance of: supervision meetings (formal and informal), time out spaces, therapy, self-care, compassion fatigue tests for staff and leader accountability. The frequency in which staff are communicated with regarding the awareness of compassion fatigue will be crucial to the success of this strategy. In creating a strategy plan to support the organization, the leaders and the staff would allow for quick resolution of compassion fatigue incidence. Brianna said, "I think it's a very relevant and timely subject…because we have a lot of talk about self-care and how to avoid compassion fatigue, but I don't think that's really been embraced and implemented by administration, which is where you know it starts. The neck is only as good as the head."

LEADING THE COMPASSIONATE

IS MY ORGANIZATION COMPASSION FATIGUE AWARE?

A talking guide for organizational leaders in developing your organization's Compassion Fatigue Strategy Plan

What is compassion fatigue?

The gradual decrease of compassion over-time due to the exposure to client's trauma related events. Common professions experiencing compassion fatigue are: healthcare workers, clinicians, psychologists, social service workers, fire fighters, clergyman, therapists and counselors, researchers, educators and more.

What does compassion fatigue look like?

Physical or emotional exhaustion, disrupted sleep, inability to separate self from work, anxiety, depression, PTSD, cynicism and ultimately burnout.

What can my organization do? What can I do? Why does this matter?

Most industries riddled with compassion fatigue are experiencing resource scarcity, most notably time and money. However, it is just as important for an organization and its leaders to take care of employees as it is to take care of the communities they work with. Begin by discussing how leaders (supervisors) in your organization can more efficiently communicate with staff by discussing the questions below. Next, discuss how your organization can become aware of compassion fatigue and develop a strategy plan to mitigate and manage staff susceptible.

LEADERS:

- What is my leadership communication style? Has this been articulated to my staff? Am I consistent?
- How often am I checking-in with staff individually? Is it formal or informal? What best serves their needs?
- Do I debrief with my team (s) after trauma events?
- Do I encourage team support? When was the last time we played together outside of the office?
- Could I better support my team by encouraging flexible schedules, working from home or at a remote location?
- Have I set up good work boundaries for my staff? Are they working outside of office hours? Am I a good role model?
- Have I discussed self-care with individuals or my team? Am I a good role model for appropriate self care?
- Do I regularly acknowledge hard work and validate experiences?
- Would my staff say I am an advocate for them—Inside the organization and out?

ORGANIZATION:

- What are the leadership communication styles within the organization? Are they conducive to supporting staff's needs?
- What is the communication culture of leaders at the organization? Is it discussed?
- Are our leaders encouraged to pursue leadership education as professional development? How often?
- What resources barriers does our organization experience that affect staff's susceptibility to compassion fatigue? How can we navigate these barriers? Are these barriers acknowledged to staff?
- As an organization, do we promote self care? How could we encourage staff to take care of their health?
- What is our strategy for mitigating or managing staff susceptible to compassion fatigue?
    - If a strategy hasn't been established, who is responsible for identifying compassion fatigue? What are the next steps? What should the protocol be?

Figure 3: A Talking Guide for Organizational Leaders in developing your Organization's Compassion Fatigue Strategy Plan

CONCLUSION

This study has provided a deeper look into how leaders are attempting to mitigate and manage compassion fatigue among teams experiencing the stresses of exposure to trauma-related events, personal coping skills, organizational communication culture, and industry limitations. The role of the leader is often a murky position as they juggle the demands of administration and the success of their teams. Addressing individual leadership and organizational awareness of compassion fatigue could assist in preventing unnecessary spending associated with employee fatigue, burnout and turnover. Future research should address how leaders themselves are experiencing compassion fatigue and how it affects their leadership role. As revealed, the leader is often forced to develop creative tactics to support the barriers faced. Education for managers to explore management communication style and a Compassion Fatigue Strategy Plan created by the organization would help further enhance leadership's ability to mitigate and manage compassion fatigue among staff with creative communication and engagement strategies. Figure three outlines the questions in the Discussion and Recommendations section to provide a launching position for an organization to begin the discussion towards a Compassion Fatigue Strategy Plan.

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APPENDIX A: IN DEPTH INTERVIEW QUESTIONS

Leadership:

1. How would you classify your leadership style? (Introduction of styles: transformational, transactional, relational, empowerment, resonant, dissonant, participative, service oriented, situational, autocratic, democratic)
2. Generally speaking, what leadership style do you think supports your employees?
    a. Probe: Can you give me an example of a time when you felt your leadership style supported a particular employee?
    b. Probe: Is there a time that this leadership style hasn't been supportive, can you describe an example to me?
3. What do you find to be the most challenging part of your job as a leader?

Introduction of Compassion Fatigue:

Definitions of vicarious trauma, secondary trauma and compassion fatigue given.

4. How do you think compassion fatigue plays into the work of your organization? How so?
5. In you organization, do you think you are able to help your employees cope/deal with/prevent compassion fatigue?
6. What do you think are the limitations or barriers you face in effectively mitigating compassion fatigue as a supervisor?
7. What do you think is your role when you have identified an employee who appears to be suffering from characteristics of compassion fatigue?

Employee Characteristics

8. What do you think motivates your employees to do this work?
9. Do you think there are personality traits that are more fitted for this type of work? Which do you see as being successful? Unsuccessful or challenging personality traits?
10. How does/did your staff deal with stressful situations? Knowing each individual is unique, how would you generally say the cope?
11. 11. Do your workers ever display signs of anxiety, depression, fatigue, PTSD or have somatic complaints that you think may be related to their work?
12. Do you think your workers can identify the characteristics associated with compassion fatigue?

The Organization

13. Does your organization support time-out spaces for your employees to collect themselves?
14. Does your organization support counseling for employees?
    a. If yes, how often are they made aware of their options?
    b. Do they options require they seek out therapy sessions outside of work hours?
    c. Do/Would you make it available in-house?
15. Have you had employees experience compassion fatigue? How was it handled by the employee? What role did the organization play? What role did you play?
16. Have you ever had your employees take a compassion fatigue test?
17. Does the organization ever hold debriefing sessions? Can you provide an example? What do you think are the benefits of a debriefing session? The drawbacks? Is there anything you would do differently?
18. What changes would you like to make in your organization or leadership style to promote more positive experiences for employees around compassion fatigue? What would you keep the same?
19. Is there anything else you would like to share with me? Anything I haven't asked about but you think is important for me to know?

APPENDIX B: FOCUS GROUP INTERVIEW QUESTIONS

Background

1. Introduction of Self/Overview of work history
2. How often are you exposed to traumatic/disturbing events?
3. How often are you unable to participate in social events after work without feeling like your mind is wandering back to a troubling work event that happened during the day?
4. Do you think you have experienced anxiety/depression/negative somatic symptoms/sleep problems/fatigue/PTSD from your job?

Interaction with Supervisor

5. Do you feel supported by your direct supervisor?
6. How would you define support by your direct supervisor? Is it emotional? Is it flexibility? Is it their time? Is it their ease of access? Can you give an example of support from your direct supervisor?
7. What makes you feel supported by your supervisor or other leaders? Can you provide specific examples?
8. Talk about which is more important in regards to your supervisor: accessibility, advocacy (for you), transparency, communication? Why? Can you provide an example?
9. Is it common to feel supported by your direct supervisor or other leaders within your organization?
10. What would make you more successful in your jobs and/or feel more supported in your work from your supervisor?
11. What leadership styles best supports your work? Transactional? Transformational? Laisse-faire? Why/why not?

Compassion Fatigue

12. Do you know what secondary traumatic stress is? Do you know what vicarious trauma is? Do you know what compassion fatigue is? (Intro of concepts)
13. Have you learned about these concepts through education or training? Have you learned about these concepts in your organization?
14. Could you identify characteristics/symptoms associated with compassion fatigue?
15. Has your supervisor ever directly inquired whether you are experiencing compassion fatigue?

Role of the Organization and Education

16. Have you ever had to take a compassion fatigue exam (Bride)?
17. Did you receive training in college on self-care? How about post-college? Within your organization?
18. Do you know if your organization offers support for employees experiencing compassion fatigue?
19. Are you aware of continuing education options that focus on compassion fatigue and how to mitigate it? Would you take continuing education courses on compassion fatigue if they were available? What specifically would you be interested in?
20. Have you ever taken a course in mindfulness? Do you know of others who have taken a mindfulness course?

Self-Care

21. What is your present self-care plan?
22. Do you take time to de-brief with your supervisor? Coworkers? Friends? Family?
23. Is there anything else you would like to share about this? Anything that I didn't ask about that you think I should know?

APPENDIX C: ALI TRANSCRIPT

Kate: This is Kate Demulling and I am here to conduct an in-depth interview with Ali on my thesis, it has to do with the topic of compassion fatigue. Ali were you able to review the information sheet, and do you consent to this interview and audio recording?

Ali: I do consent to this interview and audio recording.

Kate: Thank you, ok so were going to start with focusing on your leadership style, and I want to start, I want to say that everything in this interview has to do with your experiences. So that could be good or bad and it's not a reflection on you it's a reflection of your experiences.

Ali: Absolutely

Kate: So how would you classify your leadership style? And if you want I can go over some like general leadership styles. Or if you feel comfortable and you know what it is you can go ahead and speak to it.

Ali: We can probably do a combination of; I think there are a number of things with how I lead. I use I think a number of different things. I have a very natural of understanding of my own personal strength. That are very compassionate and empathy related if you look at my top strengths. It's probably not my number one along with [inaudible]. So I'm very relational driven person. I unlike I have an educational background in social work. Both bachelors and, master's degree in social work. But find that unlike what most of my colleagues and staff would say from a social worker background I'm a very data driven person. I also happen to have a pretty strong policy background. So for me it's about being able to use ideally a balanced approach of understanding how those pieces play together. Understanding numbers are part of a picture but it doesn't tell the whole picture and often there's mitigating factors that need to be taken into account. But that it's a good rule of thumb to create balance, and fairness, and evenness. And help create critical decisions when those need to be made. I am probably a more, I traverse decently, and I always need to work on it between a very macro level to a micro level. And I think that fluidity becomes important of what needs to happen to communicate up to a high level management teams and information that needs to be shared out with boards, down to understanding enough of the dynamics that are happening in day to day front line staff. And how the work needs to get done. And that helps determine some of the journey forward, so for me when I got my master's degree. I made a very cognizant decision to do a direct service social work tract. But I took a number of policy classes at the same time. With the intention of wanting to do more policy but I wanted to do policy understanding. What the direct implications were to both clients and what the actual hands on work was. And I think that plays out in how I respond, I am also cognicient that while my job carries authority and power with it, it's how do you be relatable, how do you not oppress or demean the people around you and being very cautious how that's executed. So and I think that all plays out of as variety of decisions are made and how you communicate that and making sure that, that's a very balanced perspective and understanding how that impacts, impacts work, impacts client, impacts staff. Our number one resource is our people, is our staff. It is our number one resource not just because of the quality of who they are, and the work deliver, our reputation. It's also our number one expense. And so when needing to take a great deal and that I think is particularly important when we find ourselves in a social service arena. That will continue to have crunched budgets, when front line staff continues to experience compassion fatigue. Its inherit to what we do, and it's how do you help them get through but you have to continually watch that, and understand that they are your resource and that it's important to take care of them.

Kate: Okay so as we move this interview if you can just say what your position is here, as far as supervision. Because we're going to be talking about your supervision. And if you're going to reference any other organizations where you supervised if you could also state that?

Ali: Goodness I …

Kate: And if it's easier to focus on one for the interview that's ok.

Ali: Yeah, yeah, yeah I've well I've got two hats, which I'm dual employed split between Children's Home Society being primary organization I worked for and the original organization that I came in under. And have employment by Lutheran social service of Minnesota as well. And so as I oversee adoption for both organizations. I also in making sure I have the judiciary and program responsibilities for both organizations.

Kate: And what's your title?

Ali: Depends on… I have two titles Senior Director of Adoption, is the broader more readily used title for the adoption program in some instances and for the Children's Home board I have the ability to sign as Executive Director and that's in part because of some of the work we need to do in other countries.

Kate: And how many people are you supervising?

Ali: Myself directly?

Kate: Directly.

Ali: 8, 8 individuals in EFT, their all full FT's.

Kate: Ok and then those 8 individuals are supervising how many?

Ali: Anywhere from I believe, 2 individuals that's an exception it's probably the person with smallest load, but it also case load carrying up to the average range is 5-8.

Kate: Okay per…?

Ali: Per individual.

Kate: Ok, and are you going to be referencing any other positions where you supervised during this interview?

Ali: Oh that's a good question. When I worked for the state of Illinois, I oversaw the subsidy unit for adoption assistance and subsidized guardianship for the state of Illinois. In many probably about 15 years ago or so, so younger in life. That was probably my first supervisory experience and my I probably had goodness I don't know 5-8 direct reports there.

Kate: What was your title there?

Ali: I was the public service administrator for post adoption services for the state of Illinois. So I had the subsidy unit I also had all of the post adoption contracts that program management from the state.

Kate: Ok so as we move through the interview, if you aren't talking about Children's Home or Lutheran Social services if you'll just specify.

Ali: I will add one more just because I'm thinking about it, I was also the foster care manager for the state of Illinois for two years where I had a team of 3 people reporting into me, and I reported into the deputy director was the other position.

Kate: Ok, lots of supervisory experience.

Ali: There were about 53 therapeutic foster care contracts that I managed from the state in that role.

Kate: Ok so generally speaking whether talking about your present position or past. What leadership style do you think best supports your staff?

Ali: I think I'm a pretty I've always said during any interview the thing that is true to me and true to my leadership style is I'm pretty transparent in what my thoughts are I also have a pretty open door about getting feedback and open to questions and challenges and critique of why this way. Every position I've stepped into there is a lot of moving parts and substantial amount of change that we can't just do it the way we do it. Because it's always been done that way it's really about change management.

Kate: Can you give an example of when you felt this leadership was successful or supported a staff person?

Ali: I would say current management team acknowledges it and fully supports that. When I worked for the state of Illinois, and particularly the subsidy unit being at a much younger age and coming into a team of highly seasoned long term union professional. I think by the time I ended that position I maintained many of those relationships and It became appreciated it did not start that way.

Kate: So and getting at that and just knowing that, how people respond to leadership is unique not everyone appreciates the same style. So can you give an example of a time when your leadership style didn't work, how it didn't support the staff person?

Ali: Again I think when it goes back, when it comes down to by ability to pull in and use data, and just do some quick ball park number crunching whether it I… I had one staff person in Illinois who like to put in a very large amount of overtime. I don't believe that's what the job called for, and so there was a lot of direct discussion about that. But that had a bottom line impact to her income and it was also being able what a minute how much is tolerated how do we get there what, being very clear about what the expectations where.

Kate: So what do you think is the most challenging part about being a leader in this role? And if you have more than one…

Ali: I think that its important in any leadership role to understand your team's needs. Understanding the environmental challenges, understanding the organizational directions. And you have to balance and translate and set those things into motions and there are often times are hotspots.

Kate: So it's, it's the balancing all of these on the list.

Ali: Absolutely.

Kate: Now were going to talk a little bit more about compassion fatigue itself, and so I'm going to define some terms and I don't mean that to be offensive because you have a social work background so your clearly going to know exactly what I'm talking…

Ali: Social work background it's been a long time since I've been in grad school and language has changed so its fine.

Kate: And I'm mainly doing it because of the fact that there are a lot of terms that relate to compassion fatigue but there are differences. The three I'm most looking at is there's vicarious trauma which has to do with somebody's empathy how based off of the trauma that they've been experienced to in their job. Their sense of meaning of themselves, their relationship, and their world changes because of what they've been exposed to. Secondary trauma has more to do with the stress that comes from wanting to help a traumatized person and not really having the skills or know-how. And the third being compassion fatigue which is as you know the lessening of compassion over time and the symptoms that go along with it. Which are typically the anxiety, the depression, the loss of hopefulness, extreme negative attitudes? And so you can see how all these are related but how their different and how they can all lead to burn out. But I am specifically focusing on compassion fatigue itself. So obviously in this area of work your staff are exposed to traumatic cases, and individuals so how do you think compassion fatigue plays a role here at this organization?

Ali: I think it traverses up and down all the time. And I think it ebbs and flows I, if I speak to it just from if you will an adoption perspective. The external environment when they hear word adoption, assumes a happy, a joyous occasion and thinks it's the most place to work and the most wonderful job in the world. What people don't understand which our employees when they're here get to learn very quickly, is adoption is filled from top to bottom deep and wide of grief and loss. From the reason why a child needs to be in a permanent family, why he or she can't stay in their family of origin. Whether that is poverty, whether that is abuse or neglect it's their own experience of trauma as they have to make their own changes. And that happening at different ages and what they bring with them and understanding how to assist in that process to the actual process itself that is highly complicated to transition children with trauma histories as well as run into the legal elements and stumbling blocks that we so frequently experienced. And trying to balance,

there's the frequent question that we run into which is who is the client? Its depending on the type of adoption cases that balance sometime may change in different ways. But you have a child first and foremost and I will always come back to that as being first and foremost. Before you, and your also at the same time serving birth parents and/or adoptive parents. And then some cases you have additional parties, in state holders, from counties to guardian ad-latems to attorneys and that gets incredibly complicated. And I think there are other struggles we have just in terms of who has rights to what information that layers into decision making. As our staff sees domestic infants cases where there's a change of heart in birth mom chooses to parent after she had made a plan and has an adoptive family involved that's incredibly difficult. Sometimes birth parents may not be in the best circumstances when those decisions are made so it of course natural for a worker to question what that long term outcome might look like for that child. You have reclaims where that child has been placed, and then has to be pulled back and there can be disputes around that. There, those disputes get into fathers' rights and custody battles and fathers involvements that were having to very cautiously twist and turn. We've got disruptions whether that is domestic child welfare, kids in foster care with significant trauma backgrounds. Our inter-country adoption that is beginning to mirror and look much more like the foster care system. So I think as staff are dealing with all of those elements, just dealing with their day to day case work with all of those various parties, you add in additional factors of case load, of cycle times, of personnel cuts of their colleagues, and the trauma continues to deepen and you put that against. When you take a look at the realm of employment overall, historically it's not a highly paid arena, and so then you have your own life elements and how do you take your income and do what you need to do and you've got your own personal dynamics that factor into your work dynamics.

Kate: I feel like you've hit them all. I mean it's the truth there's a lot to juggle. Do you think you specifically are able to help staff prevent compassion fatigue or cope with compassion fatigue?

Ali: I look at part of this kind of, I often times this is where it helps that I've done direct practice myself. And be able to look at my career, and being able to learn what my differentiators were personally. And trying to help staff find those moments. Because my strength is empathy. I have a good way of being able to look at my direct reports. I know them really well, I know when their voice is off, I know when they come in and use certain words and I go wait a minute we need to talk. I know that there's certain people when they don't talk their shutting down and I have to engage them and dig into that and figure out what that is and why their doing that. So for me it's all of those things it's also helping people understanding; what's a crisis you really have to deal with this. This is an outside crisis that you didn't create. That maybe you don't have to take on at the moment and learning those balances and learning that sometimes it is okay to have back burners and not everything has to be solved immediately. It's helping people and staff understand when you need to unplug and I think one of the most complicated elements that we will be facing coming up is generationally we are so plugged in all the time. And we can't continue to work at that level, you have to be able to have evenings, weekend, downtime where you can do some unplugging. There's going to be times that you do work those things. But it's making sure that I give permission to people to do that. It's important that I demonstrate that I can do that. Because it's my own actions as well as my spoken word that shows that. And I think that's important at both of those levels, I think people need to know their own triggers about how they take their stress and what that looks like when their hitting that ceiling. I have a good read on what mine are, of when I need to take time off, or process, or it comes out sideways. I think we've got to have a lot of latitude for one another of within my management team, where I know what different people's personal factors are where that may impacts things. And I need to say to other people of you no hang on there are more dynamics and elements to this and trying to help soften that and have that human element to. And I think it's important that we take into account all of those dynamics. Shoot there was one other thing I was going to say that I totally forgot.

Kate: Wow if you think of it we can always come back.

Ali: Yup.

Kate: So what do you think are limitations or barriers you face in affectively mitigating compassion fatigue?

Ali: Oh I would love us to back up to the last one I remember now. Which is while we work hard together I think it's just as important that we sometimes play together as a unit. I, we do that at least once if not twice a year. So up incoming we will do a twins game together that we've not before. In the fall we typically run a version of the amazing race, that they get to go and play and we take a half a day, it's also a team building exercise that is very intentionally to be that way. But it's asked for year after year, it's one of those of okay I'm now committed to where it includes every year but that's okay. I think those are important things as much as we, some people want to watch, and there does need to be a certain level of boundaries between professional and work but there are times that we have to have some play time together it's just as important.

Kate: So actually; in going back to that question about it. So it sounds like you have the strategies in helping them so you obviously feel comfortable in helping them prevent compassion fatigue or you know how to recognize it?

Ali: I know how to recognize it; I know how to prevent it within my own team. The question is I think my, I think with my team they're very good at, they play that down to that front line level as well. And I watch and I listen for that. And there's certain I don't know every front line staff at the same level. But I have a good sense of generally who people and what's going on. I have a great deal of information of what are big stressors happening in personal lives, if that makes sense. Or they feel like they've been working a ton of hours I'm worried about burn-out. Or I sit there and look at caseload ratios and I look at what people have been carrying and how long they've been carrying it and I say watch, watch that closely so I think I know it, I think I also talk with my management team and demonstrated on lots of dynamics and I think that they are picking up and applying the same, the same techniques with in their own teams.

Kate: Sure, So then that kind of lead into what I want to talk about next which is limitations or barriers in affectively mitigating compassion fatigue? Sounds like one of the limitations is, you try to know all the staff, it's impossible to know all the staff. Do you think there are other limitations or barriers in helping affectively mitigating?

Ali: Just the shear pressures of needing to keep a pretty full caseload. To affectively, and efficiently manage what we have. Will always have; create some limitations to managing that. We certainly watch who are new staff coming in and what, and that they can't always be up to full speed on cases. But that, certainly in and of itself has a significant challenge.

Kate: What do you think is your role once you've identified somebody who appears to be suffering characteristics of compassion fatigue?

Ali: Whether it's directly with my direct supports or through their supervisor. Talking about, this is what I see. I, you haven't taken vacation time for a while. When is that coming up? You're taking a vacation; you need to be offline when you're on vacation. I don't want you picking up and doing these things. If I really need to reach you don't be on email. If I have to reach you I would call you. But I also at the same time give a very clear message that the works going to go on without you. And it's ok to be off, and the worlds not going to stop, the worlds not going to stop. Everybody leaves a position; most organizations keep going even though who ever and whatever position is gone. Whether that's a board member is gone, or a CEO is gone, or front line staff is gone, that doesn't ever end the world.

Kate: Right, exactly. And in switching gears slightly I just want to talk a little bit more about the staff specifically what do you think motivates them to do this work?

Ali: When you're dealing with, I think most elements of child welfare, but specifically adoption when you understand that a child is in need of the most important protective factor that he or she will ever receive is a family It's hard, even… It's really easy to see why people can be committed to doing this regardless of all of the other dynamics that go around. I think in a lot of other places there is times that people need to step away and for a whole variety of reasons. But I think even though we don't pay the best we try to create flexibility in lots of different ways. The work in itself and the commitment and the compassion for what we do. And the mission; the pure and simple the mission of a permanent family for a child. There are not too many other things that rival that.

Kate: So do you think there are personality traits that are more fitted for this type of work? What are some successful ones and unsuccessful personality traits?

Ali: Absolutely there are that's not even a question. People, who can't, connect to other individuals easily. To understand where they are when they are. You have to be able to at least for the broad array of adoptions we do including post adoption and pregnancy counseling. You've got to be able to work across socioeconomics, you've got to be able to work across ages, you've got to be able to work across races, across political perspectives, across sexual and gender identity, identification. It's so dynamic I think people who are more rigid in any of those areas will find it challenging or will limit the population their willing to work with and serve. I think if you, it's not an introvert extrovert issue. Because we have that on the team. And while that a different challenge from a supervisory perspective to be able to serve that. That's not necessarily who makes a good staff person and that's a leadership and supervisory difference in how you need to manage that. I think people who tend to; you know; there's gives and takes on strengths. There are tasks that you need to track and for some people that's their skill set, for others there's not. So its how do you get those, the paperwork or the checklist or other things to help you keep moving through that. There's some people who are not strong writers versus those who are very strong writers. We help people through those things, some of that's about setting expectations and some of that is about how can we help you get there. And we know that everybody when they're doing this work is going to come to the table with different strengths and that we can help balance that out. And I think it's good to come at this with different perspectives. Because our expectation is that you are a team function you are much broader team function. That you're not lone rangers, were doing incredibly difficult work. And I think that plays into this entire dynamic. Is if you have to make all of these decision's alone. What I was told by one of my first supervisors when I worked for __county and child protection. He said "there's days that you're going to have to do 51/49 calls and you hope that you called it the right way." And because of that we don't want people to be lone rangers; we want to be able to support them we want to let them know that they came to these decisions and conclusions with support.

Kate: Absolutely, so in talking about the staff dealing with difficult situations how do you think they generally. I mean it's hard because every and each person is unique how do you think they generally cope with the stress of the job?

Ali: I think that hits individually, I think some people, I think; I don't know that this is. And my gut reaction what I want to say and I don't know if it's true. There is ups and downs of how clean do you clean your work time. To create work/life balance some people want to overachieve to prove that they can do it. But there does ultimately need to be some balance. And knowing how that year you're having that you're whole whether it's internal or external. I think some people, you know I cabinets of every persons whether their internalizing it whether their externalizing it. I think everybody does that a little bit different. I think the experiencing it, it's whether they choose to understand when it's happening and if their able to correct and understand and learn from it. And there's times that we need to seek help and there's times that if it gets bottled up whether that is that persons internalized or externalized it. It can and will and does come out sideways if we can't find appropriate releases. And if there aren't appropriate ways to address it, it will end as an employment separation or it one way or another. And if it's short term its 'cause the person blows out and says I'm done. And if its long term it's because they've become ineffective or they've and I think sometimes that because you've become numb and you can't see it and you can't do it anymore.

Kate: Exactly. And that…

Ali: So that still ends in employment separation when there's a limited resource.

Kate: Very, true. So do you ever have workers display signs of the anxiety, depression, fatigue, PTSD, or have sematic complaints? That would be related to their work.

Ali: Yes.

Kate: Do you think they can identify that this is happening?

Ali: Many can. Not all can. And so for me it becomes important I think I said this before. As I see things, and for me it's, some of that is very much work related it's not always that crystal clear. To be quite frank; is it a health problem? Is that health problem related to the stress or is the stress related to health problems? Which came first the chicken or the egg? Yes both. I've had conversations very specifically around that in the last couple of years. Of okay if you're dealing with this is what's tied to it, what of that do you think is this. And we have very specific direct conversations on that. And making sure that you're getting professional assistance to address those things. And do we need to be looking at what we need to do to modify to make this work less stressful. I'm flexible again about whether that's work at home whether it's different work arrangements to help people figure out to balance and how to be more efficient. So I have a member of my management team that I say yes that if you feel that it's better for you to work one day a week from home lets figure that out let's do it. I know there going to be on I know they're going to get it done and if not then I've got another issue to address.

Kate: Which, so that also in kind of in talking about helping people get professional help. I'm going to talk organization itself, so does this organization support time out spaces for employees to collect themselves, process, digest?

Ali: That's a good question. I have recommended for people hey if you need to go, get away, take a talk, or go offsite and come back do it. If you need to do it for more than whatever period of time I'm completely open to that. I don't know that there's a specific policy per say around it. I do know that there have been the lactation rooms, sometimes I believe can be used for that purpose. And I am totally open and fine to that, I think there is one at state center as well. What I know there is a room with a lounge and that I suspect is somebody needs to take a way and do that that absolutely can be done.

Kate: So it sounds like there's not a real formal but it's more informal based on your supervisor.

Ali: Informal based on your supervisor, and I think we all. There isn't a really for the most part I would say we are pretty flexible there's not a check in and check out you absolutely have to be here at this time all the time every day, it's not that grouse. This allows for a fair amount of that flexibility. I think the other things that we have done and continue to do and pieces on and off. Is whether it is yoga coming in one day a week, whether that is relatively affordable chair massages that the person pays for themselves but its onsite its convenient it's during the work day. If you need to take a 15 minute, half an hour out to go do that you're certainly welcome to do that. I have a former employee coming in, in the next couple of weeks doing essential oils. Somebody came in, in the fall to talk about some of the how do you process, how do you do life balance, how you time. So while there's play time. There's also we try to be thoughtful about how do you have those elements in place to make sure that your creating other balances and other destressours in your life. And I think it's always important to know what works for you as an individual but we do have some of those things on site. And then we also there's a very specific health and wellness program under the LSS umbrella. Where they'll do competitions around whether that's little bits of exercise. Just do it plans, we have a team that gets together within adoption to help lower insurance by getting rap points. But as a part of that our team does healthy. So different people will read articles will share them out of kind of how do you do this. There are how many veggies can you get in competitions. So I think there its understanding that as a whole person there are so many elements to who you are and what you need to do to be balance.

Kate: Does the organization support counseling for the staff?

Ali: Absolutely, whether that is, I mean we have counselors on site that people certain could use that would be confidential. And sliding fee scales and insurance and all of that. We would certainly recommend EAPs for people and those recommendations over time have been made periodically. I would certainly have a discussion with HR if I saw that, and probably would have similar recommendations around that if somebody chose to get counseling.

Kate: Could you talk a little bit more about the counseling onsite?

Ali: No onsite, onsite within the organization, let me say that definitively.

Kate: So staffs are made aware of these options?

Ali: do you we routinely announce it, I don't know if we've been as good about that. People within the LLS organization are certainly well aware of it. Our people who have come from a Children's Home background as aware of it I'm not sure. That's a good question on the Children's home side have I specifically looked at a couple of people and life circumstances and recommended that if they need to consider therapy absolutely.

Kate: so they have options to seek therapy outside of here during work time?

Ali: again with m y flexibility I personally absolutely would. If I don't have a healthy person they're not going to perform and function well.

Kate: I feel like that sums this up. When staffs have experienced compassion fatigue did the organization ever play a role?

Ali: In… say more.

Kate: So does this organization have a plan for people who are experiencing compassion fatigue or is it sort of a supervisor's knowledge and how they go about…

Ali: I would say supervisors; I would say primarily a supervisor's knowledge. I again for all of my direct reports that are supervising people. I think that's also my additional lense or in I would also assume. That if there's somebody who I'm

not noticing it on that there is some knowledge transference on other places that we've had that discussion. Is more than that of evaluate all of your team and where they are at, but it's not that formal and it's not that comprehensive.

Kate: In speaking of evaluation, has the organization ever implemented or asked staff to take compassion fatigue test?

Ali: No not that I'm aware of. We do, do overall employee engagement surveys. Where I believe we have done a number of different surveys, within that's organizational wide or whether we've done that individually within the adoption team. Where we will, I think there are comments that crop up. If you're at all in tuned in any way shape or form. You certainly pick up and understand where stress is coming out. And what, that there's more underline, and I would also say while I allow all of my staff on a quarterly bases to if you will submit questions for a Q and A session down style. About how adoption is doing on a whole. I can tell who it is and I can tell where stressors are and get a sense of what's going on.

Kate: Sure, so I don't if, is that Q&A has that become like a large session?

Ali: Absolutely, I do a quarterly all staff meeting. Which is financial, that's program highlights, which is changes, HR issues, etc… and I allow them to submit anonymously any question they have. And I read them out loud almost verbatim. I thin in one occasion I have censored it because I thought the way it was written relatively disrespectful to others. So I gave the gist of what it is without having to read it exactly word for word because I want to honor the intent of what was written.

Kate: So when somebody is experiencing compassion fatigue or if a team is, are there debriefing sessions?

Ali So couple of scenarios, when we have had, we had a series last summer, early fall in the domestic infant team. Of reclaims there were a slew of them together. I was absolutely on the supervisor about getting in there having conversations, having debriefings. With the team about how they were doing, and where they were at and how that had a personal impact on all of them. Individually as well as a team as a whole it needed to be looked at, at both levels. I know that other units have kind of taken on my play philosophy and will do team outings around the holidays. Other times of the year whether they go bowling, or do something else to try and do some regroups all along that line. But we will take a look at some really particular tough circumstances that beyond regular unit meetings. We will pull teams aside, or groups of folks aside and sit down and process what's going on.

Kate: Do you think, what are the advantages or disadvantages of doing debriefing sessions?

Ali: I think the dynamic that may factor in has to do with how new is the team or how seasoned is the team as a whole or is there a good balance within. And how is that support happening? We did it with that team because overall that team was very new and very fresh. And didn't have, may not have weathered it as well as a group that's have a number of seasoned members that can help guide that a little bit of the way. So I think for because social work staff turnover is high in general. For me it's important, this is a dynamic that becomes a little bit of making sure your reading it right. We've had a decent amount of turnover in the last couple of years. So determining what is cultural shifts, versus what is natural turnover versus what becomes other forms of compassion fatigue. Sometimes it's easy to see sometime it has to be teased out. Sometimes and so we watch for those things, I think the more that we have some seasoned people scattered throughout that really weather and then how do you try to have people mentor and process through. So for me it's a bit of all of those dynamic and we try to do a number of those things very intentionally.

Kate: Ok, so it sounds like in addition to the debriefing that have or do have and it's also about like this mentorship. What changes would you like to make in the organization to promote positive experiences for staff around compassion fatigue or what would you keep the same if you think the organization is exceling?

Ali: I think one of the things as we have gotten farther down the road in this partnership I think within our own internal unit. While we've had additional staff layoffs to do that is incredibly difficult. And why you always want to mitigate and minimize it there is still I don't. I'm not always going to know when and how soon it's coming up. I want to try and mitigate those and group those, because that probably the number one immediate trauma producers that I have a lot of influence over. And it's not just that they need to happen, it's how often do they happen how many happen. And how is it executed? And I've, I think we've learned an incredible amount the hard way having repeated and having to do it more often than I've ever wanted to experience in my life. I always make sure it's the first of the month so they've got a full month of insurance benefits. For even thought their not going to be with us it's important that I care for the people who can no longer be with us. Trying to do it with enough lead time so that they can be thoughtful and they can transition and they can process and we can have the discussions and we can say our goodbyes. And so we can assist them in moving along. I think it's not just about the person who goes I think it's just as much about the people who stay. And what is they message that your delivering and how do you deliver it and what's the rationale for what decisions just had to be made? And how much can you share and how much can you not share? Which is a really delicate balance, there's often times more than meets the eye. And there's somethings that were silent on and I'll just take the hit on for leadership and I'll take the hit out of dignity and respect for the person whose had to go. But I think the message for the people who stays becomes important and that they know it was handled as well as it could be handled. I can't promise that they will all have jobs forever, that's just not able to do that. I do use my quarterly meetings to foreshadow if I think that is to come or not. So that people have a heads up without having to know exactly that you may or may not be on the chopping block. And the piece have been very cautious particularly in our last quarterly staff meeting is. We are a unified team and were also not internally fragment and point fingers. Because in this world the pendulum swings and we have to work on a unified front. So it used to be domestic that was not doing so well. And now it's international that's not doing so well. But I happened to be in domestic at the time domestic was not doing so well. So it is helping each other up and out rather than taking each other down.

Kate: That's pretty much it. Is there anything else you want to share is there anything else that's important or anything that came to mind that I didn't ask about?

Ali: Well I think it's also giving room individually and sometimes as a team I look at as we have to make tough decisions and changes. There it can be difficult on me and I will express that and I have a human side. That has been a little bit of rump for me is the old adage of management must be stoic. Is not what I believe so it's not that I'm not willing to make the decisions and execute the decisions and understand what it is that I need to do. But that doesn't mean I always have to be okay about. It doesn't mean that it doesn't take a toll me and it doesn't and that I'm not concerned about the people around me and I ask and I try to allow my team to do the same. So if they need to come in my office and have a hard day they can come in to my office and have a hard day

Kate: Anything else?

Ali: The day I don't feel my job is the day I don't want to do my job. I've known that from my first day working g in child protection. Looking at people who were pretty burnt out around me. Who had been there for a long time. I knew that if I can't feel it anymore then I shouldn't be doing it. That's it.

Kate: Okay thank you.

APPENDIX D: BRIANNA TRANSCRIPT

Kate: This is Kate Demulling and I'm here with Brianna to conduct an in-depth interview on my thesis topic of Compassion Fatigue. Brianna, do you consent to the interview?

Brianna: Yes, I do.

Kate: Awesome. Thank you. And just for background information in asking you these questions, what position will you be specifically speaking to?

Brianna: My role as Adoption Supervisor at Prince George's County Department of Children's Services.

Kate: Perfect. Okay. So, there's gonna be some questions on leadership, then we'll kinda move into compassion fatigue, your employees, and then the organization itself. So, starting off, if I can ask you, how would you classify your leadership style? And if you--if you want me to offer some basic leadership terms, I'm happy to do that, or if you kinda know what your style is, go ahead to speak to it.

Brianna: Why don't you offer some basic terms?

Kate: Okay. So, some of the more common ones are transformational leadership, which transformational leaders identify the need to change, they create vision, and they guide to inspiration. Transactional leaders are more based on rewards and punishment. They dislike change. It's more authoritative. A relational approach is more, as it says, relational. It speaks to positive relationships to yield the desired product that you're both interested in. Empowerment, which is empowering your employees. Resonant leadership, which is a high degree of emotional intelligence. So, you have a great ability to connect with your employees and show empathy for them. Dissonant is the opposite. Show--basically, saying that you don't want any emotional connection with your employees. You value social and emotional distance. And then, I will also just touch on participative leadership, which is, you like to work with your team by how the organization. You ultimately make the decision, but you like to consult them first.

Brianna: I would say I am a combination of relational, participatory and transformational. But more relational.

Kate: Sure. And how so? Can you give an example?

Brianna: I am very comfortable talking with my staff. We laugh and joke a lot in my unit, but when it comes down to the work, basically I expect them to do their jobs and, you know, keep their nose to the ground and do what needs to be done. But I'm very approachable with my staff, and we're very at ease with one another.

Kate: Sure, okay. And then generally speaking, when you think of your staff, what leadership style do you think that supports their work?

Brianna: Relational and participatory.

Kate: Okay. And why do you specifically say those two?

Brianna: Because--well, like, I mean, social service agencies, we have a lot of work that needs to be done and not enough resources to meet all of the needs. So--

Kate: No.

Brianna: I understand and look at--to them and empathize when, you know, they're overwhelmed and they have [inaudible], you know. Takes a lot of time and there aren't enough hours in the day. But I also recognize that when they are at capacity of stress, that it's my job as a supervisor to contribute whenever I can, so I've assisted with visits. I go to court for workers. Help them write courts reports. So with that, and they do the work I supervise, we do the work together. Because the success of one of us means success for the team and likewise. If one of us is struggling, the whole team is struggling. So we're--

Kate: Right

Brianna: [inaudible] To maintain that positive equilibrium

Kate: Right. Exactly. And so you gave the example of how you go to court for them, if need be, knowing that time is limited and you all are on the team for the same goal. Can you give a time, or is there a time, when this leadership style hasn't been supported? Do you have an example of that?

Brianna: Hasn't been supported? I would think, probably it's not necessarily a specific time, but we--times when it comes up is when we have something that comes from top down. And I may not agree with it, that may have a lot to say about the extracurricular [inaudible].

Kate: Mmm-hmm. Yes.

Brianna: Well, I empathize and probably agree with them when, coming from the director down to my supervisor--

Kate: Mmm-hmm.

Brianna: We--we really don't have a choice. So, [inaudible] given all of the concerns and [inaudible] we've had about whatever this new directive is, how we can make it work for our unit. It does create undue strain.

Kate: Right. Right. That's a good example. And, so, that sounds like that's a pretty challenging part of your job. Would you say that's the most challenging part--

Brianna: Yes

Kate: Of-of your--that is.

Brianna: Yeah. Yeah. The administration. they're--

Kate: Hello?

Brianna: [inaudible]

Kate: I'm sorry Brianna, you cut out for a second. What did you say, the administration?

Brianna: The administration most of them are not social workers.

Kate: Mmm-hmm.

Brianna: They're all not in the same building that we are. So, there's often a disconnect from, you know, the things they work with--with clients versus what they wanna see on paper. You know--

Kate: Right.

Brianna: [inaudible] spreadsheets to fill out, and tracking data. Like, we're supposed to be trying to track this data, you know. It takes away from our actual face-to-face work with clients.

Kate: Right. Exactly. Can I ask, why they are not in the same building? Is it just because of the nature of county work?

Brianna: Because we are a large agency. So the Prince George's County is the second-largest county in the state of Maryland, after Baltimore County.

Kate: Okay.

Brianna: And our building is all of the Child and Family Services. So, foster care, family preservation, CPS, and adult services are all in this building. And then a building, you know, just across the parking lot from us, is where administration is. So, the director is there, and the finance, HR, personnel, all those kinds of--the IT people--

Kate: Finance. Okay.

Brianna: Are all housed in that building.

Kate: Okay.

Brianna: I don't know why that is. It's just been that way forever.

Kate: Right. But I can see that--

Brianna: The other issue is, the other people from the administration building rarely come to our building.

Kate: Ah. Okay. All right. So now, we'll move in to talking about a little bit more about the compassion fatigue. Obviously, Brianna, you have a degree in Social Work. Masters--

Brianna: Yes, I have a Masters--Masters--

Kate: Masters. Yes. But I'm just going to cover a couple terms, just because it's important into--in answering the questions. And, so, in the research it basically lays out that, as you know, vicarious trauma, is more about the empathy that person feels and that, how it disrupts their sense of meaning, and their connection and their identity to the world and other relationships around them. And there's secondary trauma, which is just the stress resulting from helping, or wanting to help traumatized or suffering individuals. And then compassion fatigue, which is typically the result of these two. Which is just, obviously, as you know, the gradually lessoning of compassion over time. And often people exhibit symptoms of, like, hopelessness, you know, uninterested in anything of pleasure, and you feel very anxious and stressed. And you have negative attitudes, which ultimately kind of lead to burnout. So, there's kind of this vicious cycle. And, so obviously, the staff that you're working with become, or are exposed often to, trauma in the lives of their clients and can lead to burnout, et cetera. So, how do you think compassion fatigue plays into the work of your organization, and how so?

Brianna: I think it is significant in the organization as a whole. Primarily due to what I eluded to before about too much [work] and not enough resources.

Kate: Mmm-hmm

Brianna: So. So, workers are managing large caseloads. So, for our agency, a manageable case load is about 12.

Kate: Okay.

Brianna: And many of the workers, I think, specifically about the foster care.

Kate: Mmm-hmm.

Brianna: [inaudible] But many of the workers have 18 or 19 cases--

Kate: Oh.

Brianna: That they're managing. And so, if you come with a workload that high, it becomes less about providing individual, clinical, attention, that you're just monitoring and keeping your head above water. And so--

Kate: Right.

Brianna: With that, things are always going to fall through the cracks, and sometimes, those things that fall through the cracks have big consequences, which leads to--for example there's a youth who--in Maryland, youth can stay in foster care until they're 21.

Kate: Oh.

Brianna: If they're not adopted or placed in a guardianship home prior to that. So they emancipate at 21, and there's a huge initiative to make sure that they're ready by 21. That they have, you know, life skills, that they have housing, and so on and so forth. So, there's a worker that had a youth that was phasing out at 21, and she had been so busy with other things, that the plans she thought was in place had fallen apart, and, like, you know, two or three weeks before the youth's 21st birthday, we realized the youth didn't have a place to live once she was emancipated and was about to be homeless.

Kate: Oh.

Brianna: And this youth's CASA, which, in Minnesota, is called Guardian ad Litem, sent a message to the director, who, in turn, funneled it down to the assistant director. So suddenly, there was all these administrative people who were very involved and wanting to know what was going on with this specific case. It was kind of a--a hot-button case. And giving all that attention to this specific case because there were lots of people watching, obviously took her away from her other cases. And, so there was kind of a domino effect that, what started out as a crisis with just this particular case, resulted in crises in two or three of her other cases. Because her attention was so focused on this one case, that she didn't have the time to pay attention to other cases. So--so those kinds of things, maybe not of that magnitude, but those kinds of things happen every day.

Kate: Right.

Brianna: You know. In our--in our work. That, you know, you follow up with someone, but if they don't respond, you know, you may not remember to leave a message again. We're tasked by the court to make referrals, or provide services for medical, emotional, psychiatric [inaudible], depending on what's going on with that particular youth. And so, you may have followed up once, like you referred for counseling services, and if they don't respond, well, by the time of [inaudible] of the court review, the judge is looking at you, like, why didn't you make more of an effort, so that turns into you just do all that you could do for this particular--

Kate: Right.

Brianna: Youth, and you get what the court calls "non-reasonable effort", which means that the Department failed in their efforts to service this child, which, again, is another red flag for administration, and so on and so forth. You know, non-reasonable effort is not a good thing, you know, so.

Kate: Right. Right. These are--these are both good examples, though, of what you're speaking to about the lack of resources and time--

Brianna: Right, and the lack of empathy--

Kate: Mmm-hmm.

Brianna: And understanding from administration, because they just want whatever the problem is rectified in that moment. It's very case-specific. They're not looking at the global picture of --

Kate: Sure.

Brianna: This happens because workers are overworked and they are too many cases and not enough workers. So, you know, this is a spotlight on this one case, but there are a lot of other situations where this could happen.

Kate: Right. Exactly. So, in these situations, do you think you are able, as their supervisor, do you think you have been given the skills to help your employees cope and deal with preventing compassion fatigue in these situations?

Brianna: I think so. I try to keep my finger on the pulse of my workers. And I know them pretty well individually, so I can tell when a worker is stressed or just at their boiling point. And so, I've encouraged my workers to be proactive and come to me if they need help with something. If they're not going to, you know, to be able to fit in all of their visits. We have to do monthly visits with our youth. Except that, you know, I'm perceptive, but I'm not a mind reader and you know what you need best. So, the onus is on you, if you—if you need something from me, as a supervisor, I'm not always going to recognize that. You need to be comfortable asking me directly, and I recognize that requires a lot of trust between the worker and the supervisor, and I think I've done a good job of building that trust with my workers, that they are comfortable coming to me and saying, "I need help with X, Y, and Z", or "this particular case", or "treatment worker is driving me crazy, can we talk about ways to resolve those"--

Kate: Sure.

Brianna: "Issues".

Kate: Right. So, what do you think, in all those effective ways you have been managing them, what do you think are the limitations or barriers you've faced in trying to mitigate compassion fatigue?

Brianna: I would say probably the--the biggest just, that, you know, I am supervisor, so I'm kind of middle management, low on the food chain and there are things that are outside of my power, you know. When I ask for feedback from the workers, which I do at every unit meeting about what would make things better, you know, one of the things they always say, you know, more money. That they're doing the work of one-and-a-half people.

Kate: Mmm-hmm.

Brianna: They should be compensated. While I hear that, my power to give them a raise is none. So, or, you know, to have more staff. And again, I can voice that to my supervisor and hope that he passes it up the food chain, but my power in hiring new people is again, none, because that's not part of my--my job. All I can do is say that there is a need for more people, so--

Kate: Right.

Brianna: You know, so, in recognizing that we work within a bureaucracy, I have to be creative about the ways that I can help my staff avoid compassion fatigue, so one of the things that I do is I'll, maybe on a Friday, or a day before a holiday, or if it's just been an extra stressful time, you know, I'll walk around the unit and say, "Don't you have a home visit at 3:30 that you need to get to?" And, obviously I can't be specific and say, "I think you need to go--go home early today", but I can say--

Kate: Right.

Brianna: "Don't you have a home visit?" And they'll say, "Oh yes. Yes I do". And, so, that's kind of the codes in--in my units. [inaudible], you know, "you have a home visit this afternoon?" That means, go home.

Kate: Yep.

Brianna: So that I can say to anyone, "Yeah, you know, they had a home visit this afternoon".

Kate: Yeah.

Brianna: So, versus me saying, you know, "Go home early".

Kate: Right.

Brianna: [inaudible]

Kate: But that's--it has to be effective, you know--

Brianna: Yeah. Yeah. Yeah.

Kate: It's much appreciated.

Brianna: They very much appreciate that. And another thing is that I started to--that I do in my unit is, we call them, shout outs.. So, every worker has, like, a stack of these little forms that I created that, where they can recognize members of the team for, you know, they've assisted with a case, if they helped them with some computer work, or whatever. It may be that I--I have in my office a shout out jar. So, they put them in there. And at our unit meetings, I--I break them out. So, you know, so I would like to give a shout out to this person, because they did X, Y, and Z. And, so that's definitely good for morale. They're not necessarily big things, like closing a case, or things of that nature, but just the little everyday things that help make our team work. And we also recognize, what I call, our superstar of the month. So, in the previous month, a worker who has demonstrated awesomeness in a work skill, whether that's dealing with a particularly difficult case, or managing a lot of things. We recognize that kind of effort from our staff.

Kate: Right.

Brianna: So, and I also do—started recently doing a raffle. So, I cut out coupons during the month--or tickets, they look like raffle tickets, to workers that they do something really great, they get all of their case books in on time. Like, this morning our timesheets were due, so I gave one to the first person who submitted their timesheet to me. And then, each month I have a little gift that I raffle off. So, last month it was a--a bag of, you know, little goodies from Trader Joe--Trader Joe's, and a $10 gift card. So, you know, typically it's--it's not more than 20 bucks, so this comes out of my pocket, but they are very excited about it, because they don't know what the prize will be each month. And I end up with people who are trying to hoard their raffle tickets and [inaudible]the gifts. I had a worker in my office this morning that was like, "I did X, Y, and Z. Don't you think that deserves a ticket?" So--

Kate: Well.

Brianna: You can toot your own horn, but not to get a ticket. So--

Kate: Well, knowing you, and your taste and style, I don't doubt those little packages are desirable.

Brianna: Yeah, well. So it's--it's fun, and it's a way to make our unit meetings not so much about new policies and here's what you need to do, and more spreadsheets to track, and so on. But to recognize that despite all of the crap that comes our way, we're still functioning. We still have reasons to laugh and smile every day--

Kate: Right.

Brianna: At work. You know, that we enjoy being here. And I always say to them, that there's a time when you--you think, "I don't want to come to work" that that's a conversation we can absolutely [inaudible].

Kate: Yep.

Brianna: Being unhappy about work has a ripple effect on the rest of your life so—

Kate: Absolutely. Cool. Brandy, I--wow, and you know me, I'm kinda--I can be a little bit of a mush. I'm seriously teary over some of those things. I mean, it's just--I love the shout outs, and the superstar, and--I do. I mean, I think it's just such a great morale booster. You know, it's a way of people--you know, it's also the way--a way of seeing people's, like, humanistic side of getting excited about things. You know? It--

Brianna: Right. And I try and think when---when I worked in doing direct service, which I appreciated a great supervisor that I had. What--what did they do that made me feel valued and respected, and appreciated and what they did not do. So, trying to keep that in mind as I approach that. And try to be mindful of the times when I sound too much like a supervisor and not enough like a worker, because--

Kate: Right.

Brianna: I've done what they did.

Kate: Right.

Brianna: And so I never want to forget what it was like to be in their shoes and to-0p-to juggle a lot of balls and so on and so forth.

Kate: Right. Exactly. So, what do you think is your specific role--I mean you--you, talked briefly about this. When you've identified an employee who appears to be suffering from compassion fatigue, what is your role? What do you do? It sounds like, you mentioned, that you did say to them that if there's ever a time when you wake up and don't wanna come here, you gotta come to me.

Brianna: Right.

Kate: So, that's, maybe your first step, I'm assuming?

Brianna: Right. But when I do our regular supervision meeting.

Kate: Mmm-hmm.

Brianna: One of the things I always ask, you know, on a scale of one to ten, with one being "Ihate coming here" and ten being "I love being here," where are you at this week? Sometimes, when you are in the midst of things, you may not recognize, but you're less than happy, and so I try and--and do those kinds of check-ins.

Kate: Mmm-hmm.

Brianna: You know, I had a worker who said "I'm a five", and they said "What would make a five a seven or an eight?" So we talked about, there was a--a specific case that had a lot of layers and was taking up a lot of time and energy, and was just exhausting. And so--

Kate: Mmm-hmm.

Brianna: You know, we tried to do problem solve how we could make that work a little better.

Kate: Yep. How often do you have these supervisory check-ins?

Brianna: I meet with my staff formally for supervision once a month.

Kate: Okay.

Brianna: But my door is always open and so, people are always coming in my office and I also have--we have Google mail here. So I have--

Kate: Yep.

Brianna: Google calendar, and all my staff keep Google calendars. And my calendar is always open, so I say to them, if you feel like you need some specific time with me where you want, you know, to sit down, door closed, and I just, pop in and out, go ahead and schedule yourself on my calendar.

Kate: Yep.

Brianna: [inaudible] behind the doors.

Kate: Right. That--That's awesome. So, in switching gears just slightly, and talking specifically about your staff. What do you think motivates them to do their work?

Brianna: I think, as a team, definitely plays a large part, the--we're kind of a unique team among the rest of foster care. We get along really well, we don't have a lot of the stress and crankiness that other units have. We support—we're very supportive of each other, but also very professional, meaning there's--there's no worker that, you know, slacks off, and others have to pick up for her. That they're all hardworking, professional. Have a strong work ethic and they have a--youth that we serve, they have their best interests at heart. And so, being that our unit is specifically adoption, you know, they want the youth to exit to permanency. So--

Kate: Mmm-hmm.

Brianna: Whether that's adoption or they're in the guardianship resource, we wanna keep our--our youth moving along so that they don't emancipate at 21 without a family resource.

Kate: Right. Okay.

Brianna: And I also think that, as far as, kind of, pass along the spectrum of foster care and--and you know that from our previous work at Children's HealthMed, adoption is kind of a warm and fuzzy place. And so, people think of our unit as like the--happy type. Oh, you know, someone gets adopted, that's time to celebrate. That, you know, is joyful. So I think that they look at our work a little bit differently than they do some other areas of foster care. And it's also less intense, as when you first come into foster care, the default goal is always reunification. So, doing what you need to do to help that child to go back with his or her biological parents and that requires a lot of work and a lot of intensity. By the time--excuse me, by the time the cases come to our unit, that reunification is no longer the focus.

Kate: Mmm-hmm. Okay. You talked a little bit about how you think your leadership style sort of has to foster a lot of trust between you and the staff. 'Cause you put a lot of it on them in that they need to come to you if they have a problem. That you're not a mind reader.

Brianna: Right.

Kate: So, do you think there are personality traits that are more fitted for this type of work? And what personality traits do you see as being as successful or unsuccessful?

Brianna: I think in this type of work requires someone who is very flexible. No two days are alike. And when you come into the office planning to do may not be what you actually end up doing that day. So, you know, situations arise and priorities shift from hour to hour. You have to be flexible and willing to change because as situations warrant. I think it requires someone who doesn't get flustered by that.

Kate: Mmm-hmm.

Brianna: I think you get so focused on the "It should have happened this way", "So-and-so should have done this", instead of "This is where we're at now, how can we move forward?" That will bog you down. And, so I think sometimes--like, an example, last week, we had a youth that was hospitalized. And he was supposed to be discharged on Friday, and, in the middle of the day on Wednesday, we got a call from the nurse saying that he had been discharged already and we needed to come get. Well, didn't have a place to put him. And so, in talking with administrators, it was more about, well, the responsibility is on the hospital, they should have done X, Y, Z. And I was thinking to myself, that's all well and good, but it's not helpful right now.

Kate: Right.

Brianna: He's discharged already and he's our responsibility. So--

Kate: Mmm-hmm.

Brianna: We need to find a placement. And so, I just realized that talking to them wasn't helpful because they wanted me to go back and forth with the hospital. It's like, I don't have time for that. I need--

Kate: Right.

Brianna: To find a placement. And so, focusing on--on the--what needs to be done in the here and now, and then tomorrow we can process--

Kate: Right.

Brianna: What went wrong and how we can--we can avoid that in the future. So--so, you know, someone that recognizes that policy is policy, but in practice, things may be very different and that you have accept things as they are. And, also that, you know, work is work, and so when I leave the office, I try not to take work with me. I had a horrible habit just--for, you know, checking my email when I was home, responding to things. And so, I just thought if I, by telling my workers, when they leave work, their time is their time, and I'm not doing a good job of modeling that for them.

Kate: Right.

Brianna: So, I stopped that. I still check occasionally on the weekend, if there are particular, you know, situations, or things that I wanna see if there's been follow-up. But I don't send emails to my staff on the weekends. I all write them and put them in my draft folder and then send on Monday because I remember how much I hated coming into the office on Monday and seeing a whole list of emails my supervisor sent odd hours of the day and night.

Kate: Definitely. Right.

Brianna: It--it just--it made me anxious.

Kate: Right. Exactly. Exactly. Do you--can you identify any specific unsuccessful personality traits or characteristics that would make their--this job especially challenging for your staff?

Brianna: I would say, people who are very rigid.

Kate: Mmm-hmm.

Brianna: Because this job demands flexibility.

Kate: Mmm-hmm.

Brianna: There are, you know, no due date. As I said, no two days are alike. People who don't do well with change. This is a job that's not a good fit for that.

Kate: Mmm-hmm.

Brianna: People who have a hard time with paperwork, because so much about paperwork in general is what's documented.

Kate: Mmm-hmm.

Brianna: If it's not documented, it didn't happen. You can do all this great work with clients, but if you don't have, "proof of that"--

Kate: Yep.

Brianna: And take detailed notes. It's not in our database, you know, then it didn't happen.

Kate: Right.

Brianna: Then, so, you don't, you know, credit for it, so to speak.

Kate: Right.

Brianna: And, you know, speaking specifically about my supervisor. He's one of those that, you ask questions--"Well, policy says blah blah blah". It doesn't really help me in the here and now.

Kate: Sure.

Brianna: So, I've learned to who to go to for certain things and get advice. I have my--I'm grateful that I--I have supervisors in the foster care bureau who's been here for 25, 30 years that I can pop in and ask.

Kate: Oh wow.

Brianna: Here's the situation. How have you experienced this? How would you handle it? Because my--my supervisor has [inaudible]. Not a lot of practice.

Kate: Practice. Exactly. So, how would you say your staff deal with stressful situations? Knowing that each person is unique, how would you say, overall, they generally cope?

Brianna: I think the biggest thing is to talk about it. We do a lot informal consultations. All of my workers fit in the same area, so there's a lot of discussion. You know, working in cubes, you know, your--your conversations aren't necessarily private. So, people can overhear, and you know from working with people every day." Oh, you know, her voice is a little louder with this call than with other calls". So, it comes to like, she hangs up the phone, the question is, "Is everything okay?"

Kate: Right.

Brianna: And so then there's discussions among the--the peers and, you know, I pop over there frequently if I hear something. We have a conversation about that.

Kate: Sure. Do you--do you think your workers--I mean, you have--you have talked a little bit about how people come into your office and you ask them the question, on a scale of one to ten--which I think is an awesome way of gauging people's level of compassion fatigue. Do they ever display physical signs of, like, of like, anxiety, depression, fatigue, or other physical--

Brianna: Uh huh.

Kate: Yeah. They do.

Brianna: Yes. I--I have a--a worker who very recently had, I guess what we would call psychosomatic pain.

Kate: Yep.

Brianna: She developed this, you know, ache in her back and she would have these headaches and was just very, very stressed to the point where it was affecting her home life. And so, one of the things that we talked about was, how to set boundaries with your clients. Since we don't have work cell phones, and a lot workers would use their personal cell phones. And, so once that number is out, people call it. And so how--how do you manage--manage those boundaries? And so, I said, just because someone calls you on your cell phone doesn't mean you have to answer. You know, if it's important, they can leave a message. And if it's after hours, you respond the next business day. So, then there are--there's one youth in particular that called her cell phone all the time. And I said, part of the reason why she calls you instead of other people, is because she knows you will respond. Because you always respond. And so you have to help, if you want her to understand what a true emergency is, don't answer her calls.

Kate: Yep.

Brianna: You know.

Kate: Right.

Brianna: But you listen to the voicemail, but you don't need to respond in that moment. There are other people who can assist her.

Kate: Right. Do you think--

Brianna: So, it's okay. It doesn't make you a bad worker.

Kate: Right. Exactly. So, it sounds like in that scenario, the worker didn't--wasn't able to identify that her work was affecting her physically. Do you think your other workers are able to easily identify the characteristics associated with compassion fatigue, or do you think, in general, it's--it's hard to identify it for them?

Brianna: I think--I think they do. 'Cause we all have seen the worker who's burnt out, and, you know, just couldn't do it anymore. And so I think they try to be very mindful of that, you know, work is a part of your life, it's not your whole life.

Kate: Right.

Brianna: And so, even from my perspective, if a worker is not in, they're on leave. I try very hard not to contact them until [inaudible]. It's really important, in that moment, I will contact you. If it's something that can wait, I won't contact, 'cause no one likes to be interrupted when they're on leave, and not in the office.

Kate: Right. Right.

Brianna: So, you know, sometimes workers will say, like if the worker that had a psychosomatic issue suddenly took three days off, she--she recognized that she needed a mental health break. And I'm very much agreeable about that.

Kate: Right.

Brianna: You know, take some time, come back refreshed, and we'll go from there.

Kate: Right. Exactly. For these last set of questions we're gonna be focusing a little bit more on the organization itself and how it--

Brianna: Okay.

Kate: Fosters the environment. So, does your organization support time out spaces? Like, is there a place in buildings for your employees to collect themselves?

Brianna: No. And that is something that our quality circle, which is a group of workers who get--meet monthly about issues and concerns--that is something that they have requested.

Kate: Oh. Okay.

Brianna: That we need to--but nothing has come of it yet.

Kate: Yep.

Brianna: That we need a--a time out room.

Kate: Right.

Brianna: Very similar to, like, what we had in Childrens, a quiet room where you can go and sit.

Kate: Right.

Brianna: Relax and take a nap if you needed or whatever the case was.

Kate: Right.

Brianna: Just get away from your desk and the phone and your computer.
Kate: Right.
Brianna: As of yet, that--that request has gone unheeded.
Kate: Okay. Does your organization support counseling for employees?
Brianna: The only time I've seen counseling being offered is when there has been a--a death so--
Kate: Okay.
Brianna: A couple months ago, we had a youth who committed suicide, so there was counseling offered for that. We had a--a youth, a medically fragile youth who passed away. There was counseling offered for that. But--
Kate: Okay.
Brianna: Not in general. Even our Employee Assistance Program, I believe that it's worded in our personnel manual, it's about employees should be referred to--to this service if they have something going on that has a negative impact--
Kate: Okay.
Brianna: On their work. So it--when I read it, it feels very punitive to people.
Kate: Mmm-hmm.
Brianna: And not something like--like, if you're experiencing stress, you should seek this service out before it reaches--
Kate: Mmm-hmm.
Brianna: That level. So.
Kate: Almost like they have to be referred.
Brianna: Right. Which is not a place for EAP services.
Kate: Right. Okay. In--when you've had staff experience compassion fatigue, how is it handled by the organization, or is it not? Is it your role?
Brianna: It's my role. It's--it's not handled on an upper level.
Kate: Mmm-hmm.
Brianna: Unless there is a--a group of workers. For example, in another unit, the after unit meeting the workers were stressed and they had a situation where they had, you know, like 19, 20 cases, and they were also short one staff. So they were just above and beyond capacity. So they collectively called--five of them went to the bureau chief, and said "Look we need some relief and we need it now".
Kate: Okay. Okay.
Brianna: And so, in that instance, it was--it got his attention because there were all five of them--
Kate: Right.
Brianna: On the verge of tears because they were so stressed. Like we--we need action.
Kate: Right.
Brianna: Now. So it's one thing for the supervisor to say that, but when you have the whole unit come to you and says, this is an issue.
Kate: So--
Brianna: Unfortunately, it's talked about, but nothing practical is done.
Kate: Sure.
Brianna: To avoid it, from an administrative standpoint. So it really falls on the individual supervisor to help with those issues.
Kate: Right.
Brianna: It's the one thing that I do before every unit meeting, we do relaxation exercises. So, just, you know, basic deep breathing, and stretching, and doing quiet--I have sound machine in my office that has like birds chirping and water running. And so, trying to make my office a comfortable place for people to come. Not like you're going to the principal's office.
Kate: Right.
Brianna: But an exciting place to be.
Kate: Right. That's what it sounds like to me. You know, if a staff is exhibiting symptoms of compassion fatigue, it's sort of on you, and you don't need to report it to anyone else. That there's isn't any sort of plan--formal plan on how to deal with it.
Brianna: Yes.
Kate: Okay.
Brianna: No, there is not.
Kate: Okay. And you did talk about, like, what you did just talk now about kind of these breathing exercises and how when you have meetings, and you do the shout outs. Does the organization encourage debriefing sessions, and do you think--well, do they, first of all? Or, is that on you, have you decided to do these activities?
Brianna: I--I decided.
Kate: Okay.
Brianna: To do these activities.
Kate: Yep. Okay.
Brianna: I--All the supervisors are required to attend supervisor training, which goes on for about eight weeks. So that was one of the activities that was brought up in our training is, how do you--as a supervisor, how do you manage, you know, compassion fatigue, and how do you encourage [inaudible].
Kate: Oh, okay.
Brianna: So, the things--and, so you know, it's like I said, you can't give them a raise or extra time off. But what are some of the things I can do in--
Kate: Right.

Brianna: In my powers to help make that--make it a little less stressful.
Kate: Right. Okay. That's interesting that they--that you do those eight weeks and that they touch on this. Okay. So, what changes would you like to make in your organization to promote more positive experiences for staff compassion fatigue? Would you keep anything the same? What would you like to see done differently? It sounds like--like you said, that they have this eight week training. And that they touch on--
Brianna: Right. But--
Kate: What else--
Brianna : But that's only for new supervisors. So--
Kate: Sure.
Brianna: Supervisors who've been around for a while don't necessarily attempt the training.
Kate: Sure.
Brianna: So, I would----I think I would like to see on a more, on an administrative level, recognition that people can only take so much and, you know, do you want them to do their work? Do you want them to maintain the spreadsheets? 'Cause you can't have both.
Kate: Yep.
Brianna: So, I think a greater understanding of what it is we actually do do here, because from across the parking lot, it look very simple. You know, oh, you just need to update this spreadsheet. But not recognizing how much time and effort goes into getting the information to include in that spreadsheet. And, you know, what is it that's going to be needed for--
Kate: Right.
Brianna: Because it takes away from our real work.
Kate: Right. Exactly. Okay. That is sort of it. Is there anything else you wanna share on this topic or anything I haven't that you think is important?
Brianna: No, I think it's a very relevant and timely subject you're discussing because we have a lot of talk about self-care and how to avoid compassion fatigue, but I don't think that's really been embraced and implemented by administration, which is where, you know starts. The neck is only as good as the head.
Kate: Right. Exactly. Exactly. Okay, I'm going to shut off the recording now. Thanks Brianna.
Brianna: All right.

APPENDIX E: ELLIE TRANSCRIPT

Kate: Alright, I believe were going. This is Kate and I'm here to conduct an in-depth interview for my thesis on compassion fatigue. And I'm here with Ellie. Ellie you consent to the recording?

Ellie: Yes.

Kate: So just for background when we're talking about your supervision. Where did you work and what was your supervision?

Ellie: My supervision experience was at Children's Home Society. And I supervised social workers. Initially just social workers, sometimes for their licensure, sometimes not. And then eventually I also supervised other staff, administrative staff, I supervised other supervisors when I was a manager. Primarily social workers though.

Kate: Did these social workers have a specific focus?

Ellie: They all worked in adoption. And specifically for the most part most of them worked in the adoption of older children, kids in foster care, kids with more significant special needs.

Kate: So domestic you would say?

Ellie: And domestic. Well international, but when it was international it was typically older kids. But primarily domestic adoption, foster care.

Kate: How would you classify your leadership style during that supervision? And if you want me to run through a couple types I am happy to do that.

Ellie: Yeah do that.

Kate: Okay so some of the more common types; are Transformational leadership which identifies need to change, keeps that vision in mind and guides your staff through inspiration. Transactional is much more based off of rewards and punishments. Much more authoritative and dislikes change. Another common one is Relational: so the sole focus is on positive relationships, you're focusing on inclusion, and diversity of ideas, empowerment, ethics, and purpose. Another one would be Empowerment which is just empowering your employees to make their own decisions. Supportive is pretty self-explanatory. Resonant places a high value on emotional intelligence. Dissonant is the opposite which is you value social distance from your employees.

Ellie: Well ok, when I think about leadership, and this was not at the time, in terms of what my leadership style was. I think at the time I was for most of this, I don't think I was thoughtful at all about what my leadership style was. I don't think I spent that much time thinking about it. Looking back on it I guess I would say, so there's a model of servant model leadership. That I'm a fan of, which I think incorporates a couple of what you talked about. I think it was very relational, I do think that. And I'm not sure; I think it maybe came out of the desire to make sure people didn't leave to a great degree. [laughter] And maybe less about my concern about their compassion fatigue, but perhaps they were tied to one another so that was okay. But working at a place where we didn't pay very much, it was really hard, it was very stressful work, and it was a lot of hours, weird hours. I think I did see myself as kind of... That I was there for them. That I was using more of that servant leadership model. And I wanted them to see their role in the same way. That we come here for this purpose, and this purpose is these kids. And if we can maintain our focus on that. I definitely wasn't looking for dissonant than there was no... I wouldn't want social distance necessarily from them. On the other hand, I think I try to have decent boundaries as well. Does that get at it?

Kate: It does, so I think you're saying; it was more about supporting them, them supporting you. All for one main focus.

Ellie: And always trying to tie our conversations back to our purpose and mission and our reason for being there.

Kate: So then, generally speaking, what leadership style do you think best supported the social workers, the staff?

Ellie: I think that what I was doing was supportive, and I think when, and I feel I do have something to compare it to. 'Cause I do think when the pressures on management got more intense in terms of the financial pressures. The focus on things that took us away from the direct supervision of staff. I think I did those things that I described less, and less well. And I think that people did start to leave. And I think there was compassion fatigue; I think there were kind of people who quit on the job for a while. Because they just can't stand it anymore. Or the feel hopelessness, like I'm not doing any good here anymore. I keep trying and this kid doesn't have a family. So, and I think that in some ways the work got harder. Because of the pressures and the higher case loads. But it was also perhaps the supervisors who were further away from that supportive role because they were really busy managing budgets and working on reorgs and all those other things you have to do when you're in that role.

Kate: Right, and that commonly happens, types of organizations. It's sort of inevitable.

Ellie: And I think it's really, really hard. Because you don't get to tell the CEO or whoever it is. "Oh, you know what I'm not going to get that budget in on time. Because of my staff is seeming kind of down and I'm going to need to be extra supportive and I think they need some extra reflective supervision time this week. So I am not going to give you that budget." I mean you don't get to do that. So the pressures always pull you upright. And meeting those expectations and not necessarily towards giving the staff what they need. And if the staff has good relationships with you, they try to be really helpful to you by not bugging you. And I think looking back on it; I think that happened a little. Like I was getting further and further removed, from having to do all this other stuff. And I think that the relationship suffered, the supervision suffered a bit. And I would guess; I never asked them but I think that they got more fatigued, that they felt like less hopeful about their work.

Kate: So, I hate to bring up a good point there is that; in this servant/leadership model you're both trying to help one another so, they also not want to bug you. And that leaves them...

Ellie: Which is really sweet but...? [Laughter] yeah, you know, I mean. Yeah so...

Kate: So can you think of any leadership that would be more effective? Or is that sort of hard to touch on?

Ellie: I'm not sure, because I think I could have, I don't think about a model or style. I think that is about resources and time. And ultimately no matter what you got resources issues, and that is what it is. And there are things that, so I think of reflective supervision is important. And I didn't always have a name for that, I now use that term cause; I develop my trauma informed practice. But, I think that is what I was doing to a great degree. With really reflective supervision with people. But that requires some amount of trust, like they have to believe that they can be honest about what they feel. And maybe some feelings their having about this kid that their working with. And maybe it's not a great feeling because we don't always feel great about the kids we work with. They have to trust me and think that I'm a safe person to talk to about that. But if I just laid off two of their colleagues, it's hard to trust. And, I don't know what the answer is to get around that. And I think at Children's Home Society that was a big issue, eventually that there was just a lack of trust in the people who had any power about those things. Because there was some fear, because those resource issues had gotten so bad that people were losing their jobs. And so that may have effected it to, so I guess what I'm saying is I don't know, I don't know what model works. Because I think you can be clear what your model of leadership is, your philosophy is. But ultimately you might end up in a situation with resource problems that's going to have some conflict.

Kate: Right, right, 'cause yeah at this point you're not just talking about social workers experiencing compassion fatigue from their work. But they're experiencing it from the organization itself.

Ellie: Yes, absolutely.

Kate: And so its fear on their part, but then its fear for supervision or supervisors.

Ellie: yeah, and you get a little afraid of your supervisor and that makes it, and part of what keeps you from having good empathy for your clients even the ones who are really hard to work with. And in that work often; it was the adoptive parents it was hard for some of the staff to have empathy for. Because you know i've known this kids for a year, and you're not doing what I want you to do for this kid. And so people would kind of get upset at the parents often. But the way to get them back to having empathy for them and for not feeling exhausted by that is to do that reflective supervision. And have those honest conversations. So there's just competing demands being a supervisor, middle manager is not always fun for that.

Kate: Right, so that was actually going to be one of my questions. Have you give me an example of a time when you thought your leadership style supported a particular employee. And you mentioned reflective supervision. Do you think that was the most effective?

Ellie: I do, yeah I think I was never, when people would come with me with a case issue. I don't think that I was typically. Ok, so when I was in school to be a social worker we would have to do all those role plays uggh. [laughter] And you know you would sit in front of the class you would do the role play. And you were always, it something not quite reflective supervision more about like well "what should I do with this client?" "Well what do you think you should with that client?" And you know, and quite honest, if someone came into my office and said, sometimes they would come and say "I don't know what to do about this?" And I would just give them an answer, because there was a clear answer. But when there wasn't I don't think it was really my style to say "what would you do?" [laughter] But, I would maybe say "Here are some options, let's talk about how you feel about those." "Let's talk about you, like what would it be like if he did that. What would you think it would be. Well do you feel okay with that." Like to try to get more, to provide some direction but always talking about what that experience is like for them. Which then hopefully, they go back and do with the kid. Always be thinking about what the experience is like for the kids. And so I think that worked well in that particular field.

Kate: To me that sounds more like empowerment, like your trying to empower the individual to you know digest the process and own it.

Ellie: Yes.

Kate: Yeah.

Ellie: Well you send some people go out you know, into the field right with instruction to go do things to kids, for kids that they don't think they should be doing. They're going to be crummy at their jobs like [laughter] you know? It doesn't help anybody, I mean and you know I was lucky. I was supervising people who were really good at what they did. And who were really compassionate and good critical thinkers and all that. So it wasn't difficult necessarily, I didn't have a lot of experience in difficult to supervise people.

Kate: Right, so in going with that. And this isn't necessarily a reflection of the leadership. But is there a time when this leadership style wasn't supportive, or didn't work for an employee, or social worker?

Ellie: I guess, I can think of a time when someone talked to me that I think this was a big mistake. Someone talked to me about essentially feeling completely hopeless about not just a case. But an entire program, like there's no point in this, like we shouldn't be doing this. And, it was alarming to me, [laugh] like what do you mean? Like this is what we do though, you have to be on board with this. And I... And at the same time there were some performance things. And I wrote that into that person's annual evaluation. That they said that to me. And I guess that wasn't using the model very well. But in some ways I opened up that. Like you can talk to me about these thing and its safe, and then it wasn't. Like because, then it was knowing really concerned whether or not you should be here. I'm not sure, thats like extreme fatigue.

Kate: Which is also your role.

Ellie: Like not only do you think that this kid, shouldn't maybe be placed, that this kids not adoptable. You're kind of saying none of them are. And which case how can you be here? And like so my role is to be concerned about that, but I wrote that in there. And that person did come talk to me and say that was essentially a betrayal. And at the time, I was like "what are you talking about I'm your supervisor, not your therapist." But in some way I had kind of made myself that. So I'm not sure that was fair.

Kate: Sure, I think that's the perfect example of what I'm trying to get at here. How are you supposed to mitigate and manage this.

Ellie: Yeah. 'Cause if you have performance problems. Like if there are problems with your performance I have to deal with that. And if that performance may be related to your compassion fatigue or to just like the trauma you're going through with some of this work when things fail. Or you just can't help a kid and you've been trying for so long that, like you should talk to me about that. But I'm going to hold you accountable for that, and that's, I don't know that's tough.

Kate: And at the end of the day you're trained as a social worker, not a supervisor.

Ellie: True, right. When I became supervisor I had no information about how to be a supervisor. Other than I had, had some good supervisors, and i've had one or two not good supervisors. And so I had seen things I knew I didn't want to do, and things I did want to do. But no, I had no training in supervision at all. I had the right license, that's what I had. [laughter] There you go. [laughter]

Kate: So you talked about some of the challenging parts of being the leader, being the supervisor. Would you say that, that is the most challenging part? Or what was the most challenging part about being a supervisor? Or name a couple.

Ellie: I mean for me it was that middle role. I think once I got up to like, what was it when I left, I was Director or whatever so. It was easier, 'cause I, like it was clear in what decisions I was involved in, I could own them. There were very few that I could, I had enough say that I felt like I had enough influence. Whereas when you're in that supervisor role. It's really hard 'cause you have to be supportive, be honest, but not always honest. Because, I might think that what they decided upstairs is beyond idiotic. But, I have to go in the meeting with you guys and tell you how this is the right thing. And then it's really hard to maintain trust with people. Because , in some ways you just hope they see through you a little bit. Like, hopefully they understand that I realize this is a bad decision, and that I wouldn't advocate for this, 'cause this is going to make it hard for them to do their jobs. But I can't tell them that. So I think that middle space is hard, for everybody. You want them to be smart enough to see through you I guess, which is horrible.[laughter]Terrible, that's terrible isn't it.

Kate: Well it's hard, the point is it's hard for you and hard for the people you're supervising.

Ellie: Especially if you do have good relationships, and they have learned to trust you, and they feel like you're doing your job okay. I mean, I also supervised some people who did not like me particularly. And felt like I was probably an idiot, I'm sure. So for them it wasn't as big of an issue. Because they didn't trust me anyway. But for the ones that you have been able to develop good relationships with. And that there is that mutual trust, but you know, you have to damage it sometimes.

Kate: So, in this area of work for adoption. Sometimes staff can be exposed to traumatic events which can lead to burnout. So how do you think compassion fatigue played into the work of the organization and how so?

Ellie: Right, so we made a lots of decisions for kids. Lifelong permanent, forever decisions and, they had very little say in it. And a lot of days that was great anyway because you could at least say it was better than where they were before.[laughter] But, you can't always say that. Particularly when we were working a lot with like the older school age, teenage kids. And even some of the little ones. And we would just have adoption disruptions so kids move and they move out. And when you're the person who decided that, that kid was going to move in there. Then you have to live with that. But more importantly you now have to go work with another family, and another kid, and make another decision. And I think for some, and I think peoples responses to that are different. But for some it made them more hesitant. So when they would be teaching families about adoption, it would get more and more negative. And there were more and more that they were sure could not do it. You'd become more conservative in that way, which is maybe ok because we should learn from our lessons. But sometimes it wasn't about the facts, it was about the emotions and about the fear. And I think... So I think that was a big part of it. And then on the other hand I think there were people whose roles. Was really less about the following up after the placement, and just getting the placement to happen, and didn't know what happened on the other end necessarily. And then it's kind of the trauma of going home at the end of the day and knowing there's this kid that you've been trying to find a family for, for 2 years. And then I saw pictures of that orphanage that he lives in and it's a hell whole and all that's on me right. And so sometimes then you start making decisions that you shouldn't make because of that. So those are really big decisions that we make on behalf of kids. When we are exhausted by the trauma of that work. We start making bad decisions. And that's particularly important 'cause there decisions for kids, like forever decisions so.

Kate: So I think you touched on several things here, a lot of the literature review that I've been doing is that they've been identifying between vicarious trauma which is like looking at yourself, and I mean you know what this is. But you know looking at yourself and looking at others and then questioning it. And then this element of secondary trauma which is the stress of it and then that leads to compassion fatigue, which is this hopelessness. Which is kind of what you talked about when you said that one social worker came to you. And like the ongoing stress and anxiety. Which just ultimately becomes a negative attitude.

Ellie: Absolutely, like you become the biggest grump.

Kate: So in speaking to just compassion fatigue, not the precarious trauma or the secondary trauma. So not like the inward looking or the stress of it but just the hopelessness, the negative attitude. How in the organization were you able to clearly identify those employee, and do you think the organization was set up to help them cope or deal?

Ellie: I think I was able to clearly identify those employees. I think I know exactly who they were. I mean really its fairly obvious, like you can sometimes, you can look at somebody and think like where they were 2 years ago. And who is this person you know. And whether the organization was set up to help them, I don't think the organization as set up to help them. I guess, I just don't, I think most of them left, and some of them just kind of checked out and stayed grumpy.

Kate: Do you think the organization set you up to help them?

Ellie: No, I think the organization, and not purposefully you know. It really, the problems with resources were so big, and the solutions to those resource issues were all things that were going to make peoples compassion fatigue worse. None of it was going to help, I mean we were making it worse. And so, but on the other hand what else were we going to do. So yeah, I mean it was, kind of a set up. Not purposeful one, it just happened it was like..

Kate: Like a domino effect?

Ellie: Yeah, yeah...just like the whole evolution of the whole thing, it's just that was going to be part of it. I mean looking back on it I think we could have been more purposeful about it. But I don't think any of use understood enough about what we were supposed to do. And I think you know now, I think being outside of it and thinking more about trauma and I don't supervise right now. And I don't spend a lot of time thinking of that. I do spend a lot of time thinking about how do we make our practice for the kids that I ultimately serve through contracts. Like how do we make our contracts more trauma informed. So, I think about that and I think we could have used a lot of those concepts and even without time and without resources at least done better. But I don't think we had information... That I don't think any of us were focused on that and nobody kind of stepped back and realized it.

Kate: That was my other question is what do you think are the limitations or barriers you faced in effectively mitigating compassion fatigue? And so I'm hearing you say basically resources, meaning; time, information, money, structure.

Ellie: Both because, of my time and my ability to be available. But also because of their case load, sizes right. One thing that will make you hopeless really quickly is if your case load is so big that you can't help anybody. You just put out some fires here and there [laughter] and hope that nothing terrible happens. But then you turn around a year later and look at it and think what did I do? And that's bound to make you hopeless. So those resource issues there were at both end.

Kate: So again, I think you might have answered some of this. But what do you think your role was once you identified an employee with compassion fatigue? Or were you able to identify, or not have the resources that you're speaking of.

Ellie: So I had conversations with people about you know kind of did they still feel connected to the purpose and the mission. Like how are you feeling about that? And some honest conversation, I can think of at least one person where we had very honest conversations about that. And she was able to talk about... "I don't know, I don't know. I have no idea if there is any reason to be doing this. I don't know if we're helping them or hurting them." And then honest conversations about what do you want to do with your life? 'Cause this may not be it, you know and that worked well, that was great. And that person did quit which was unfortunate, except for that person may be needed to quit so that's alright. [laughter] But at least that was something she could do, understanding how she got there and like then that could inform the decisions about what she does next with her life. Because you know, I'm not going to now go work in child protection, right. [laughter] Maybe let's get out of child welfare here and work at some different thing. And that's okay, that was effective, that was helpful. Had to hire somebody but that's alright. But I think some of those conversations didn't work. People start kind of like "of course I'm happy here." While they glare at you. I don't, you know some people are resistant to that. And then honestly at least a couple cases that resulted in performance problems, I got documented on and then that didn't necessarily help 'cause then you're coming in with the hammer. But that's part of the role, part of it is people's insight. And where they are with that, and I'm not a therapist. And I'm not supposed to be their therapist, so I don't want to push them into insight necessarily. But if they have it that's great we can have a conversation. [laughter]

Kate: right, right speaking off of that, some social workers have the insight. Can you identify characteristics in the social workers that motivated their work?

Ellie: Characteristic that motivated..

Kate: Oh no why don't you speak to what do you think motivated them as a whole?

Ellie: Well it wasn't their paycheck. [laughter] They were motivated by being able to see these 200 some kids every day and their photographs. Pictures of these kids who were hoping around from foster home to foster home until somebody gave them a landing place. I think that motivated them. I think that when the team was really positive and connected they motivated each other. And for a long time I was as a supervisor I think I was very lucky that I had a team of people that were connected. And you know sometimes that meant that was time consuming. 'Cause that meant hours of meetings every week. 'Cause they would get into that; like case discussion and supporting each other. And it would go on for a long time but that was okay 'cause it kept them connected. And I think that kept them engaged, calmer. And they could check in with each other and be like "Oh, hey what's going on with Tommy today? You know, I've been thinking about him." And the fact that your co-worker was thinking about this kid your trying help and was able to say "I don't know it's a really tough spot, I don't know what I would do either." Feels almost impossible. That kind of conversation that is spontaneous. Because you're connected, and not because somebody sat down and set a super strict supervision time. That keeps people connected and motivated.

Kate: Yes, and that kind of connects back to having manageable case load sizes.
Ellie: Absolutely, 'cause you don't have time to even look at each other if you got you know 16 kids you're recruiting for. You don't, you can't your just in your car, by yourself, so yeah.
Kate: Putting one fire out to the next.
Ellie: Yup, yup.
Kate: Okay, so in speaking to the personality characteristics can you identify some personality characteristics that are more fitted for this type of work? And if you can specifically talk about what you think are the successful personality characteristics, and what you think are the unsuccessful characteristics. And it's not a personal attacks on anybody's individually, it's just some are more fitting for this type of work, some are just not.
Ellie: I think people who are naturally reflective. I actually think people who are not emotionless, I'm not trying to get at that. But there are people whose emotions get so big. Some of the people who I know and love the most, are people whose emotions get big fast. Including Joy, which is great. But sometimes that's not a good fit. Because it's just too much, you know so I think the people who were successful, tended to be fairly practical, kind of analytical. They were also good at empathy. You know you can only cry in your car after too many visits before you say "what am I doing this for?" You know, so you gotta have some amount of that.
Kate: Yes, a balance.
[pause]
Ellie: Yeah
Kate: So then... Or did you have more?
Ellie: no, I mean I probably do I'm just not sure I thought about it enough. But now I'm going to think about this later tonight [laughter]
Kate: so how do you think you staff dealt with the stressful situations? How would you say, knowing that each individual is unique. Just a generalization of how do you think they coped?
Ellie: I think when they were coping well they relied on each other a lot. Particularly when things were starting to go downhill and I was less available and they were less able to trust me. They relied on each other, so then when there were people who were on team who were a little bit on the outside and not as connected; I think those people kind of burned out quickly. You know cause they had to be, they helped each other.
Kate: Did any of your workers display outward signs of anxiety. I mean you touched on this a little bit. Anxiety, depression, fatigue, PTSD, or of any sort of synaptic complaints.
Ellie: anxiety, I can think of one person where some anxiety stuff popped up when caseloads were really really high. And that sense of personal responsibility just got overwhelming, that person was certainly fatigued I think. And I know that person well, and think that she is still kind of there. But you know she responded by working like sixty hours a week cause. That anxiety, and that's just not healthy. Yeah that and you know that you think of the people who got a few people who as it was kind of nearing the end their tenure there and they knew they needed to go were just kind of grumpy you know. And I didn't know what that meant, it could be somebody who is depressed but it could be that they're just totally, rationally, and reasonably grumpy. You know there's that it could just be completely appropriate. [laughter]
Kate: Do you think that the workers were able to identify those who were excepting these symptoms. Do you think they were able to identify it themselves?
Ellie: I think most of them thought it was "I am mad at the organization," and maybe didn't necessarily tie it to how it was also effecting their work with their kid, and that maybe they were withdrawing from their work with their kid. Or the families or. I don't think most of had insight into that. Like seeing it as compassion fatigue, I don't know if I did entirely at the time either. I didn't think I got there as well. So but, and you know and for some of it really may have been really mad at the organization. Cause it was hard at the time.
Kate: Which is what makes this organization unique. When it comes to the compassion fatigue. Cause it not just the work it was the organization.
Ellie: Yeah and I think that's really the case. You know people who work in counties and child protection. I mean they you know they're mad, they're mad the county, there mad they're supervisors, they're mad at the county board, mad at state, mad at the governor's task force their mad at everybody cause like all of that is making money. Its definitely unique compared to where the organization had been for many years so it's kind of a quick shift into a different field.
Kate: Well your right in that a lot of organization are susceptible to compassion fatigue, their all strapped for resources.
Ellie: Yeah I mean if you could do child protection with a case load of 5. You're gonna really be able to help people. You can really go home at the end of the day and feel like I did everything I could do. If you go a case load of 24, you go home thinking well at least I managed to make those 4 phone calls. Like in the middle of that you feel like you don't even know what you did is all. [laughter]
Kate: Right exactly, so moving a little more to talking about the organization specifically. Did the organization support any sort of like time out spaces, or talk to staff about taking time outs?
Ellie: Yeah, I think the organization supported that. And I think that was important, and I think that some people did that well. And some of us out didn't.
Kate: I love how you called yourself out. [laughter]
Ellie: Yup, I did not. I worked through my maternity leaves, while rocking the kids. Cause needed to stay on top of those email. Cause that's the thing about the time out idea right I mean it's like. Early on when things were fine and I was a

social worker, was not a supervisor was a social worker. Was moving from one area of agency to another. And I had a case load of 90 some families. Which was really much higher than anybody else's I don't know how it happened.

Kate: And this was domestic?

Ellie: No this was international, and I was like. And they were the hard ones, and most of them lived in Wisconsin. And I was changing jobs, and so I was like I gotta get all this stuff transitioned, gotta make sure everybody is in an okay place by the time they go to another person. And somebody, a supervisor said to me that "they were really happy with the work the team had been doing, and so they decided to reward the team with a little break. And like you know I want you to pick sometime in the next couple weeks take a day off. Don't need to use your PTO, just take a day off and take care of yourself." And I got mad, I got angry when they said that to me, because you think I can take a day off! I can't take a day off.[laughter] and so I think again, that's important its gotta be framed correctly. And there's gotta be some sort of way of making sure that doesn't mean the next day. Cause if you take a vacation in this kind of work, you pay for it. And so that is a little risky. On the other hand there are things people should really be doing that they weren't encourage to do. Like you should really take a lunch break, you gotta get a way gotta stop shut your brain off from this stuff for 20 minutes or something. And I didn't know that at the time. I know that know and I think it's really important. At that time that didn't seem important and I don't know that most people did that sort of thing. So maybe the solution is making sure you're getting people kind of away, focused on something else for a little while. But the whole take a day off 'cause you earned it thing just backfired big time.

Kate: Yeah, in a lot of situations it feels more like a punishment. Its offensive

Ellie: I was mad I was like you could put some more money into my paycheck. I would take that, like I can't take a day off. And that poor supervisor was such a nice person. And I really kind of got out a line that day. I had become the grumps. [laughter]

Kate: Did the organization every support on-site therapy?

Ellie: I think we had the whole you know, what do they call that you know what I'm talking about. The employee assistance thing right I don't know if anybody ever actually used that. I think had handed out post cards ever now and then about it. I but don't know anything else. Interesting, I don't know.

Kate: so it wasn't made available in house?

Ellie: No.

Kate: so we have talked about employees who've experienced compassion fatigue, and we've talked about the signs they've exhibited, we've talked about your role as a supervisor. Did the organization every play a role?

Ellie: Does the organization have a role in dealing with compassion fatigue? Absolutely, they should. I mean they should

Kate: How so, how do you think they should?

Ellie: Well, I mean more and more, I think it should be really a very clear. They should be really clear from the top all the way down about what their strategies are, and their plans are. And I've never worked for an organization that does that. And there are some, I know there are some now because I went to trauma informed practice thing a couple weeks and listened to these people from these little social service agencies. Who had really kind of started to implement stuff about trauma informed practice for young children. And every one of them spoke about what, about how they take care of their staff's trauma, their staff's exhaustion. And that they had clear strategies in place, that they used them consistently. That was a group of like five organizations.

Kate: That's impressive. And I sat there thinking "oh well duh." yeah cause I think if you're not planful about, in particularly in social service when there are not enough resources. If you're not planful about it's going to be one of the first things to go. So it should be more it's kind of like in my mind I think of it how organizations who don't have crisis plans. And how everything falls apart. If you don't have a plan for that crisis, how is that any different from an individual employee's traumatic experience... Like.

Ellie: Yeah, absolutely. I don't think, I don't know of any of the organizations typically work with would say that they have anything in place.

Kate: Have you heard of organizations take compassion fatigue tests periodically?

Ellie: No.

Kate: No, I hadn't either.

Ellie: I kind of wish I had done that, kind of curious what would have happened.

Kate: So we talked a little bit about how employees would get together for the meetings. But did your team or the organization hold debriefing sessions? Formerly or informally?

Ellie: I think in formerly sometimes. Yeah I think after disruption we did that informally. I don't think we did it formerly. But we did it informally, we had talked about them. Talked about them as a group, to be supportive. Actually probably in a weekly meeting. Probably kind of as an announcement this is what's happening this is what's going on. We're looking for another family. It was sort of an opportunity to support the person involved. And to talk about what happened. And to remind people that you did the best you could, these discussions are not a science. I don't know sometimes and often the ones that seemed great from the beginning. And often not the ones everyone was nervous about. But so to also look back what we're something that we didn't we talk about with this family. Or how could we have talked differently so that they would've understood it differently. Or and not about, and I think, I do believe we did that in a way that it didn't feel like it was pointing out mistakes. But about talking about our practice, our practice is to do this and this. Did that not work here? And I think we did do that informally. But we never had anything that we formerly called lets have our debriefing now."

Kate: So we talked a little bit about the benefits of kind of which is supporting the person, talking about the positives, the situation, even identifying what could be done differently. Do you think there's any draw backs to a debriefing?

Ellie: I think there's the potential depending on, there's always the potential that when you look back on something and try to figure out what could have been done differently, that. That could feel like an attack. You know I'm trying to think, and it's entirely possible that we had meetings were people felt that way. I don't think it was, I think everybody had been through one of those really awful ones that people were really good at supporting it. We had conflict but it was usually about whether or not to approve a family and there would be more tension there. Get a little heated yeah, but that wasn't debrief. And you know healthy disagreements ok, as long as it stayed healthy. And it usually did, not always but usually. [laughter]

Kate: What changes would've you liked to make in the organization to promote more positive experiences for the employees around compassion fatigue, what would you have kept the same if anything?

Ellie: Well as of now I think they we should've had a really strict, clear strategy or policy written about. But that's a new idea for me, but I think that would have been a great idea. Like really consciously do that, and that in some ways that could've been about not just what supervisors and managers would do. But what people would do for each other. And that could have articulated more clearly. I think people would've liked that somebody was thinking about it. That in and of its self might have helped. And you know find a way to get more money so people can have manageable case loads. I mean honestly, we really in the world of social services like you know we never want to sacrifice what the client gets. You know never want that kid to suffer more because we don't have the resources, or for one less kid to get served because we don't have the resources, but when we do that we just put more and more on the people. And then they suffer anyway, because they get bad service. There's some broader societal issue here. And then I think I would've just, I wish I had purposefully taken out more time to not, to make sure that I didn't get as disconnected as I did for a while there.

Kate: When you talked about the compassion fatigue strategy, can you talk just briefly about what that would look like? Like what would you want it to address?

Ellie: I would want it to address, like for self-talk, some way of educating people about kind of what are the signs that your starting to get a little burned out. And that maybe it's time to talk to your supervisor. Educating supervisors about it, educating supervisors about how to do reflective supervision, like really do it, for real. I think a clear, like setting some boundaries about how do we protect our employees who need to talk about hard stuff, and about hard feelings about their work. Without making sure that the conversation doesn't reflect badly upon them. And how do we make sure employees feel safe to do that, and that there is some clear policy around that. Depending on who your supervisor was you may or may not have felt safe just even starting the conversation. I think, and then probably what are some resources when it's gotten to the point where your supervisors not the right person. Then what are we going to provide for you, 'cause sometimes your supervisors not the right person, sometimes you don't really like your supervisor that much. Sometimes your supervisor makes decisions that tick you off, and you can't let it go, sometimes I mean there are a lot of reasons. So sometimes your supervisor was your friend once you know. There's all kinds of dynamics, so what resource does the agency provide if the supervisors not a good option. That's off the top of my head, I don't know I need to think about it more.

Kate: Those are all good ones though. I like the entire idea of compassion fatigue strategy. So lastly just is there anything else you want to share anything that you've thought of while you're in here. Anything that I haven't asked that you think could be important.

Ellie: No, not really. I hope I stayed on topic, I was just a little rambly, I haven't thought about this stuff in a long time.

APPENDIX F: KIRSTEN TRANSCRIPT

Kate: This is Kate Demulling, and I am here to conduct an in-depth interview with Kirsten for my thesis on Compassion Fatigue. Kirsten do you consent to this interview?

Kirsten: I do, I agree with your form.

Kate: Great, thank you. Alright we will get into, well I'll first preface this with there's going to be questions on leadership and questions specifically on compassion fatigue and questions specifically on staff or employees you supervise and then specifically on the organization your referencing. So just so were clear during this interview what organization or what position are you referencing?

Kirsten: I actually have two that I could be referencing. And I'll try to be clear which one I'm talking about when giving examples.

Kate: Okay, and which 2 are those?

Kirsten: Those will be Children's Home Society and Family Services, and previous to that The University of Minnesota Medical Foundation.

Kate: Awesome and what was your role at both of those locations?

Kirsten: So, at Children's home I was Director of International Programs, and I was the Associate to Major Gifts Director at The Medical Foundation, and I supervised a staff of maybe 3-5 at any given time there. And technically at its peak at Children's Home I had 450 underneath me worldwide.

Kate: Alright, so generally speaking what leadership style do you think supports…? Well I'm sorry, were going to back up here, how would you classify your leadership, and if you want me to give some examples of some common types of leadership I can do that. Or unless you know distinctly what your leadership style is.

Kirsten: How about you give me your types and we'll see if it matches up with what I have been tested to be told that I am?

Kate: Ok so transformational leadership is a leader who identifies the change that is needed creates vision and guides through the inspiration, they are the type to motivate people and value moral and job performance. Transactional leadership promotes compliance and it's through rewards and punishments and they it strongly dislike change it's much more authoritative. Relational the focus is on positive relationships, for the desired product which is shared. There is a focus on inclusion and empowerment of the staff. And then there is empowerment leadership which is pretty self-explanatory. Resonant leadership which has a high degree of emotional intelligence, the supervisor desires to connect emotionally with their employees and the show empathy for their employees. There's a strong focus on harmony and mindfulness, and compassion. Dissonant is the opposite it values social and emotional distance from their employees. Participative leader pretty self-explanatory they work with their teams to make discussions, but they do ultimately make the discussion. The situational leader adjusts themselves to reflect on the situations and fluctuates from there. So there are just a couple.

Kirsten: Okay so in those terms, I would… I don't think there is like one clear one that probably defines me right at different points in my leadership career. I think there are aspects of situational, the transformative, and the participative.

Kate: Can you give me examples?

Kirsten: Examples?

Kate: Or why you think these describe your leadership style?

Kirsten: So participatory, according to some inventory I took in management I think a long time ago. That was like more of my default style, they only had 4 styles from that inventory. But I like the group processing, particularly when there is organizational change that's going to influence people. And I think people know their work better than I do, because I haven't done their job. So to be able to brain storm solutions which then can, if it's appropriate situation we can make consensus and implement it. Or other times it just to generate more information to make better discussion. So I think in many ways that's my default. The transformational part, or transformational I was cause that's an awfully lofty title. But in terms of I think I'm naturally a reformer. I like to take things and make them better, and change. I'm easily frustrated when things are the status quo, so I have that strong desire to make change and always improve things. And what was the other one, situational; I think the first 2 are more of my maybe more natural styles. But depending on the organization and the context sometimes you do have to make big adjustments particularly when working across cultures. That either are used to engaging in a participatory style or other forms of leadership are valued so, particularly internationally, I think that one fits.

Kate: So generally speaking what leadership style do you think best supported the staff? You can speak to one or both the organizations. What do you think leadership style best supported them?

Kirsten: What leadership style best supported the organization?

Kate: The staff.

Kirsten: The Staff, in the organization. So I think that participatory at the medical foundation. Because really what the situation called for and it worked well with staff given the unique circumstances and compassion fatigue issues there. I think it was really a mix of transformative and the, what did you call it?

Kate: Participative?

Kirsten: Not the participative, the other one the situational at Children's Home. Because there was, the situation I came into was kind of unique in that there hadn't been a lot of management change for about 10 years. And what was happening in the environment that affected their work, and also things that needed to change in the organization required there to be

a lot of change. And it was a pretty change resistant atmosphere at multiple levels. And I tried to use the participatory skills as much as possible but there were some interesting dynamics which did not always make that a good fit.

Kate: Right, which leads into one of my next questions. So when do you think there was a time during your leadership where your leadership style didn't support a staff person, and can you give an example?

Kirsten: Support a staff person?

Kate: And it can based off the work, it can be a personality thing. It's just that sometimes, some leadership styles don't jive with…

Kirsten: Yeah, and I think there are all sorts of other factors that influence supporting employees. Besides leadership style, so staff… well I can think of a couple individuals where we had just laid of a lot of staff. And people had, had their workloads doubled if not tripled in some cases. And you want to support staff and be compassionate and give all sorts of messages to you know take care of yourself. But at the same time it a very mixed message. And it was hard to do that authentically in any of the styles, I think maybe there tried to employee more of the relational style. But I… the transformational style like did not… in situations like those isn't going to be a great fit. Because yes you need people to understand the context of change which I think the transformational style is helpful for. But dealing with just the fatigue and reality of change I think you need more of a relational style, which is not the most natural style for me. So I tried to do it the best I could, but I think yeah.

Kate: So then can you give me an example of when a time you felt your leadership style did support staff.

Kirsten: Did support staff… at the medical foundation, the more participative style we were a small group, the work was very grilling. It just like this very competitive cut throat environment. And you know there were days that people like "I don't care about cancer." Like we all cared about cancer you know like finding cures for cancer but… but I think there were issues that affected staff and compassion fatigue is being in a small kind of satellite office. We had a senior college who was very mentally ill and took it out on people and so I… having a more participative maybe that overlaps with the relational. Do a certain degree style I think really helps support staff, like we all made it through it because of that.

Kate: So what do you think is the most challenging part of your job as a leader?

Kirsten: Leading affectively in the organizational culture and the constraints on that. Particularly what organizational culture perceives and rewards as good management. And supporting staff is sort of a softer skill which in many organizations is undervalued and not at all rewarded or recognized. And sometimes you think you need to do things that… I'm sure somewhere in the history of organization people had done before but are not common, and you're really sticking yourself out there in terms of your job position performance review by doing certain things. So for example when I was new at Children's home I noticed there was this lovely line item in my budget which was called "staff appreciation/events." And so when it was budgeting time I actually put money in there, which I didn't realize I wasn't supposed to do, because people don't do that. And so after the lay-offs when we did this kind of staff outing the mini golf thing over at Como. I got into trouble, 1. For, doing something for my staff. For 2. For not inviting all of the other areas. Which in the end we ended up inviting many of them. And 3. I was told I should never do that… I mean if there was going to be something it had to be organization wide. But I couldn't it was just like I felt I needed to do something to boost morale to get us out of the office. Something, that in the other organization The Medical Foundation, when I did that type of thing. First of all everyone did it and it was very common and it was just part of the organizational culture and to you know, to not, to have certain organizational constraints on what you feel you need to do to take care of people. Whether that's a professional development budget, whether or you know a budget to be able to do certain things for the culture of telecommuting and flex-schedule. And both organizations were radically different, things like encouraging your staff when there you know stressed out to get out and take a walk. And one organization everyone did it, all the time, every day we had walking meetings. You would never do that at Children's Home right, so the little things in terms of softer skills in management. You know I think organizational culture sets a tone for it. But then also the organizational management style right. At the medical foundation it was much more hands off and so even if your area for some reason didn't have the history of doing that if you wanted to as a leader you were empowered to do it no one cared no one would have said anything. In the organization everyone knew what everyone was doing all of the time. And it was all about knowing everything, as like a very controlling overall management style. Which then sets the tone for how you, yourself have to lead but also then make sure ___ an organization.

Kate: Okay so to me listening to all of those responses it sounds like a lot of leadership for you has been affected sort of top, down. Lot of your decisions are affected on how you lead, based off of those above you who make decisions about resource and time and how the organization will run.

Kirsten: Yes, I think what I would be looking for in my next phase of like a leadership position would be… I think I've just become more sensitive to organizational culture as I've grown in my career as a leader and making sure that is a good fit. Maybe more than anything else or as equal to the job itself. So that way I can feel like I can be the leader in any situation that I would like to be.

Kate: Definitely, so affectively lead?

Kirsten: Yeah

Kate: Kinda based.

Kirsten: I think it's kinda like the pot of gold at the end of the rainbow. [Laughter]

Kate: That's right, I agree. So were going to dab a little more into the compassion fatigue and so I'm going to give you a little bit of background just because the research on compassion fatigue some of it can meld into one another. So I'm going

to define some, 3 different terms which you're probably familiar with so forgive me if this is redundant. But precarious trauma which is when a person there's a significant disruption to their sense of meaning and how they view the world and how they view themselves and how they view their relationships based off of hearing about other individuals trauma. And there's secondary trauma which is the stress on themselves that results from wanting to help somebody but knowing they can't affectively. And then there's compassion fatigue which is sort of the result of both of those. Which is just the gradual lessening of compassion over time. And the common symptoms are hopelessness, general negativity, no desire to take pleasure in things, exhibiting the signs of anxiety and stress and which ultimately can lead to burn out. But so when were referencing these next questions we'll specifically speak to the compassion fatigue piece. So that lessening degree compassion and the symptoms that goes along with it. So in those two organizations how do you think compassion fatigue played into the work of the organization?

Kirsten: Into the work of the organization. Ok so at the medical foundation compassion fatigue… played into the work of the organization… I think so people were energized by working with the clients themselves in that context, it was a source of energy and contentment. The compassion fatigue I think really came around all of the things that you needed to do once you had those meetings. And just a lot of the monotonous, administrative, constant things. Where you know maybe in a good months, you know once a week you would be meeting with a grateful patient right. Depending on your role it could be once a month or never. And so the, I think it affected the work because people were like stressed out on edge, they were paranoid. I mean it was just a very highly competitive environment. And if you were at a super senior level people stayed there 10, 15, 20 years because there was, there's a high degree of expectation, but there's also tremendous reward. Right whether its acknowledgement, base salary, bonuses, that position is like valued in the organization. And at the other levels that have to support that, to this day 'cause I still have friends that work there in a more senior level. No one stays more than 2-3 years there is constant turn over. And it's just accepted as that's how it is.

Kate: And is that due to the nature of the work, or the high expectations?

Kirsten: Both, I think other it's both the nature, the expectation and then kind of the more softer skills, compassionate part of the job. Things like saying thank you, it wasn't until I left that I realized no one had ever said thank you in 5 year right. Because it's perform, produce, preform, produce. And then it's always greater than what you did the last time right. Now that you've closed a million dollar deal, now it needs to be a million and five right like it's… and that particularly when you were in more of a mid-position whether it's a middle leadership or more of a kind of front line staff role. It was very draining, 'cause nothing was ever, ever, ever good enough.

Kate: Sure, and then when in talking about Children's homes society how do you think of compassion fatigue?

Kirsten: Affected the work? That's a good question.

Kate: How do you think it came about?

Kirsten: How did it come about? I think your dealing with a very stressed out, and sensitive and entitled clientele. Which many times didn't bring a lot of joy in working with until the very end when their process was done and then they were happy and they went back to being their regular selves. But you really saw people at their most sensitive and fearful, right that they would never be parents. And, and people just act in very interesting ways out of fear. And so I think the burden of that of front line staff is tremendous. And then it also created kind of culture of middle management which was somewhat apathetic and just tired. Because then you have this clientele that's like very privileged and not acting their best, and then by the time. You know something has had to happen for them to reach a manager. And so then there even worse in many times, as so if your only engagement with families is when their kind of at the worst of the worst I think people just become desensitized to it, maybe a little cynical. Sarcastic about it, I think you know every middle manager kind of had their short list of families that they were really hoping who got through as fast as possible. And I think you tend to be reactive, and you wanna always do and focus on the systems that you know are safe. And that are going to work for most people most of the time. Like you don't want to rock the boat, because if something went wrong with a client, now you're going to have all these angry people at you. So I think really reinforced a culture that didn't want to make changes, sometimes even small changes, big changes. Some of it depended on who the manager was, how big they saw the change to be. But you really wanted to do the status quo because it was safe and no one would yell at you laughter right like no client would fall between, behind the cracks, between the cracks and no one would yell at you.

Kate: So in having to supervise, the staff whether there front line or even middle managers, how do you think you were able to cope or deal with compassion fatigue?

Kirsten: I think it was different for different managers, because they were radically different people. Different management styles, different cultural backgrounds, and different places if there is a continuum of compassion fatigue, and cynicism. I think they were at slightly different places and/or they have different skills to be able to cope with it, some had like very few skills and some had lots of skills.

Kate: How do you think you specifically and so…

Kirsten: So that's where I'm getting to.

Kate: Oh, sorry.

Kirsten: So I think what I did specifically that was helpful was different for different individual's right. So, one staff so I would do things like, I'd try to check in on people, one on one on a regular basis. Through like you know somewhat formally at least on my calendar, it wasn't on their calendar. Sometimes more spontaneously at the beginning of managers meetings we would kind of have a check in time. We tried to kind of brainstorm after the… debacle of the event at

Como where I got chastised, what are free things we can do, or semi-free things we can do like we went and played kick-ball once or twice right. So I guess, so for example one manager would always you know you would check in with her "everything's fine, fine, fine, fine, fine." Even though you knew it wasn't like it she wasn't going to talk about it until it hit the boiling point, and then she would, she's like very fiery and you know come in crying and raising her voice. And that really bugged one of the other managers, but like it didn't bother me, because I kind of understood the cultural context she was coming from to. It's like it's not directed at me this is just how she copes with the situation right. And so having like a safe place in my office where you can close the door and people can just vent. And I think for many people but definitely not all, they felt like it was a safe place to just vent, that I wasn't going to try and fix it, that I would just listen, and I might ask at the end of the conversation like so what do you want me to do with this information right. Sometimes people said "nothing" you know other times it'd be like okay I need us to do this, and they would have kind of a recommendation, or come to their own solution. Like they didn't need anything from me they just needed to feel like, okay I can do "X" now. And sometimes it was more active problem solving. I think yeah… it; it was just different things for different people maybe that's a situational I don't know. Because there it … there were how many did I supervise domestically? Maybe 5-6, 8 at one point, I think there were some that were kind of, I don't know if there's a point of no return [laughter] right, like kind of disengaged compassion fatigue. I don't know what you can do to help somebody that doesn't want to be helped. And there was definitely that, and in that, in the particular case of Children's home to then dealing with my boss who felt her whole job was to be relational and help people deal with compassion fatigue. And so she did it too much, and so then where does it create, where can, is it, it just becomes very uncomfortable and redundant, than as a director of a department to be doing certain things so that's why want more of the one on one management meetings because those were the spaces she wasn't in, and where I knew if they were going to talk to someone they would probably talk to me and not her. But right a couple people that just don't want to be helped. I mean not saying that you need to help people but just they must find their ways of dealing with it externally.

Kate: Right, well and which so I think talking about that about how there's some people that you just can't help. Because they don't want to be help, and you also talked about not having the funds to sort of create staff, positive staff morale. What are other limitations or barriers you face in affectively mitigating compassion fatigue?

Kirsten: Other barriers…

Kate: Unless you think you spoke to them.

Kirsten: I drew a little map I'm sorry.

Kate: [Laughter] don't be sorry, I love it. [Laughter]

Kirsten: Conceptualizing compassion fatigue in organizations. Limitations...

Kate: Yeah, limitations or barriers that you felt you faced in mitigating compassion fatigue as supervisor.

Kirsten: Wanting to offer certain alternatives that weren't historically offered within the organization. Such as at children's home it was interesting in many ways that it had the flexible scheduling in terms of you can come early and leave late than any other organization that I've been involved in. but took the HIPPA, privacy, client file stuff to a place where, to maybe a different extreme where then staff couldn't work from home. Even if that probably would have made more sense, or if they did it was so rare and it was looked upon with great suspicion. Right even if you could tell that someone was doing thing because of case notes and whatever. Like, I would've liked to be able to offer more of that. Part of it is what technology does the organization have to allow you to do that? It was a huge deal to even get all country managers, let alone staff have access to skype right. Because that's a way that staff could've called their clients without giving out their cell phones or home phone numbers right. And so I mean there's on occasion technology barriers. Cultural telecommuting, I think another, I don't know if it's a barrier or if it's just a kind of is… it is the HR team that you work with. I think in terms of the technical skills of HR. we had an incredible HR department, in terms of the soft skills of HR we had an awful HR department. And so as a leader like wanting to maybe try different things, I read a lot of books, I spent a lot of money on management books those couple of years looking for ideas but like to brainstorm. Different things or to strategize. Like for the one staff in particular that seemed pretty resistant to everything. On that kind of softer skill side there wasn't anyone to go to. Or to have those conversations with, I think that a barrier is a culture of management, where managers don't talk about how they manage. They just talk about the outcomes and the outputs, and while there are so many positive about the managerial culture at Children's home it was in Heinz sight there wasn't a safe place to talk about how you manage. And I think part of that is people got promoted to their positions because they were good at the job before and had never had any professional development in management and leadership. Which was strange for me coming from the medical foundation. Where, I had professional development funds as an individual. And I was expected to use those funds completely every year and I was expected to use them on management training. I could do content expertise but if I just did content expertise and fundraising right or in medical stuff. It would've been looked down upon on my performance review if I didn't have a technical management or leadership piece there. And so to go to an organization where do have professional development funds as an individual or for your team. I think the most I ever managed to like wiggle out was 50 bucks to buy everyone the book "My Iceberg is…" the book about penguins and management change. "My Iceberg is Melting" right like that was the most I ever got out of for professional development funds after the, or even staff appreciation stuff after the whole Como park debacle. [Laughter] so I think that's…

Kate: Those are several barriers…

Kirsten: I think those are several barriers.

Kate: Yes, so what do you think was your role once you had identified a staff person who was exhibiting symptoms or was clearly suffering compassion fatigue, what was your role?

Kirsten: What was my role? I saw it as my role to listen, well first of all to be proactive, to create spaces for people to talk and that was one on one or in groups. To acknowledge and appreciate the work that people are doing. Because in the case of children's home I can, I couldn't change that someone has 140 clients now. Right like, there's all sorts of things where your hands are tied to make it better for people. Like how do you, do compassion fatigue when you can't fix it. Right so you manage the symptoms as best you can. I would say in the first year after the big layoffs happened and continued happen. We'd encourage people to like why don't you go take a walk, why don't we have a walking meeting. People no longer have lunch together downstairs, which is something they had always done in the history of the organization. Like encouraging people to not eat at their desk. And while I think I was, well I know I was very earnest in encouraging those things people are like "alright." And sometimes the things that you're dealing with that cause compassion fatigue are bigger than you as a manager. And also you as a manager, leader have your own compassion fatigue, so like things that I had done at the medical school. The medical foundation like we got up we took a walk, our spaces were configured very differently where you could have informal conversations and not feel like you were encroaching on people's spaces. Right you would have 2 office and 2 cubes then you would have like more of a coffee table with 4-5 chairs around it. So it was at, so yes we technically we had meetings there but it was more of an informal space where you could just step out of your cube, and do some work or you could strategize. Or where you could pull up a chair and a cup of coffee and just talk with people. Where the physical layout of Children's home was cube after cube, after cube. And you literally had to walk into someone's cramped space full of files to try and have a conversation about them. And it's like not a very casual more inviting; you were in someone's space. And while different people react differently to that, you know you have Sylvia who'll let anyone be in her space anytime right. Like you know, it's, it's just, all those little things make a difference and there's no one thing in terms of helping to manage the system or the symptoms that work for everyone or every situation.

Kate: So switching gears just slightly, to talk a little bit more about the staff. I want to know what you think motivates or motivated your staff that you supervised. And you already briefly touched on the medical foundation and how it was; they were energized or motivated by the clients that they worked with. Do you have other examples of that?

Kirsten: I think at Children's Home, kids were… the staff were very motivated by helping kids who needed families, have a family. Because people were very concerned and compassionate about getting kids out of institutional care, and wanting to lessen the harmful effects of that. And wanting you know kids to have every opportunity in life which you kind of need a family to have. So I think people, Maybe even more so than the medical foundation just had a deep passion for the work that even folks that don't work there anymore, and that, including myself in this, like it is still something that you think about all the time. And as I look at other leadership positions and like oh this issue is really interesting. But like once the bar is set so high, like anything less than that. I had a friend that does genocide work, and she's like "anything less than genocide just isn't motivating to me." Okay anything less than kids in orphanages, like you know it, like it's not motivating.

Kate: Totally, yes, I couldn't agree more. And focusing on individual personalities and traits do you think there were personality traits that were more fitted for this, those two different types of work that you did. Do you think there were successful personality traits and were there unsuccessful personality traits and what were they?

Kirsten: I don't know if there's… so okay I think a part of it might be personality traits. I think you have to like working with people. I think you have to like working with people in sensitive and difficult situations. And maybe you don't like it but you have the skills. And/ or acquiring those skills as you go along is something that's more natural for you. I think we all learn by doing and going through, I think motivation for the work, I think one individual in particular, her, well two ones still there. The motivation for the work was about the culture. And the kids were a secondary part of that, and you could see that coming through in their coping skills and dealing with organizational change. There, I think other management staff were much more adaptable when their motivation was kind of across the board. Helping kids and it didn't really matter in what country or what program, but those that were like okay I can only do the "X" program, because I only care about "X" culture. It was much more difficult and I think you saw the compassion fatigue manifest itself differently and then also how they behaved with their staff very differently. Which then effects I mean it's like a whole ripple effect of compassion fatigue. Because then they're not going to be the best managers that they can be to be sensitive and to be helping their staff. I forget your original question.

Kate: No that's fine it all ties in, if you could name unsuccessful personality traits that you identify?

Kirsten: Unsuccessful personality traits; black and white thinking, personality I don't know, personality temperament, individuals that stay in that relational spot constantly and can't move out of it. That are always processing their feelings all the time. And letting you know that their processing their feelings. [Laughter] so and I yeah, other personality traits, and I think those that are, how would you describe cluelessness, what's a better term than that?

Kate: Could being unaware?

Kirsten: Yes, not having self-awareness, yes, yeah. And maybe not processing information quickly. Like particularly in management roles I think there's one in particular who process information much more slowly and had to be told things multiple times in multiple ways. Where everyone else was already moving forward, right like the train had left the station and that individual was still looking for their luggage. And so having then that ability to adapt and think quickly on your feet. And I really think from a communication stand point like how do , as a leader how do you articulate, being able to articulate what's going on to a different audience in terms that they're going to understand and care about.

Kate: Right, yes.

Kirsten: And also, personality traits, like your willingness to. Is this a personality trait or is it motivation. Your willingness to do your job even when it sucks, or at least fake it.

Kate: A little bit of that nose to the grind.

Kirsten: Yeah, like there's work that's got to be done.

Kate: Yup, exactly so overall how did your staff deal with stressful situations, knowing that each individual is unique how could you say generally they coped?

Kirsten: Generally they coped; they went out to drink a lot. [Laughter] I think that they found like, I think many of them were already you know like acquaintances, and good friends with each other. I think people did things outside of work. More which is just fine, I mean like I know some managers were freaked out about that. And I'm like "I don't care." I think... I don't know… I feel like your ear bending on this. I think there was… okay so read the question again.

Kate: How did your staff deal with stressful situations?

Kirsten: How did they deal with stressful situations?

Kate: How do you think they generally coped?

Kirsten: I think overall they coped incredibly well, because I can think of so many of them, this isn't like my direct staff but people underneath them. You know Alexa, Jan, Gene, Jill like so many people who continued to do absolutely incredible work with the same amount of passion and dealing with like really difficult clients. Because when you inherit all of these clients at Children's Home, that were someplace else and their like extra crabby. And so from a client sense and a basic management sense I think it was well, I think that at a certain level there's mal-adaptive behaviors of like putting your nose to the grind stone too much. And then sometimes you lose sense, you lose your awareness of other things that are going on. Which then make you underperform in other areas, and I think a lot of people look for jobs. That's my conclusion.

Kate: So you spoke briefly to this, but you don't have to go into it real in-depth, but do you think your workers ever displayed signs of anxiety, and depression, and fatigue, the sematic complaints?

Kirsten: Fatigue, absolutely I can think particularly first year, year and half people were very articulate and still very professional about it in terms of. And there were tears, quite a few tears sometimes and there were probably more tears than I was aware of. Just in not knowing how to deal with the quantity of clients they had. Or just having now so many angry clients

Kate: Do you think the workers; the staff could identify the symptoms of compassion fatigue, and do you think they were aware what they were?

Kirsten: I think people were… I mean I we had in-service about compassion fatigue and in the middle of this was Jenny Wilson, and mindfulness. But I think even prior to that a lot of them coming from social work background, from human services. Like people have a general awareness of what it is and what the symptoms are and what the heck do you do about it. Other than you do the best you can, particularly I think it was much more difficult in Children's Home versus The Medical Foundation because there weren't the physical spaces to get up and move around right, there wasn't the culture of doing that. Where being in the medical foundation actually in the remote offices were in the… we weren't that far from clinic so I mean. This whole idea of like well-being as something that you do and need to actively do and be conscious and because all day we ever do is part of the culture. Where at Children's home although everyone is very social working… there was this sense that you kind of have to deal with the hard stuff so kids can have a better life so kind of suck it up. And, and so I think that makes it very hard to do anything new as it relates to compassion fatigue cause your just going to do… it's the same ole thing over, and over. Which, I think now it might be a little bit different although they have a whole different set of issues [laughter] you don't have to say that.

Kate: I just want to touch on that and say, I think your right with Children's home it was sort of this daunting perspective every single day of knowing what you're doing. That people had a hard time placing themselves first, a little bit.

Kirsten: Yes, and I think If you did, when people did, 1. It was noticed, 2. Well nothing may have ever been said to the employee something was definitely said to the manager. I mean there were 3 different leaders over that span of time, but yeah if someone worked from home 2 days in a row. Oh yeah I knew about it because my boss let me know. And how do you know she's doing something…you know it's just, and part of its like well-intended but just poorly executed. And part of it is to this day I think about what could I have done differently. Why did things work at "A" and not at "B" like someone is bigger than anyone person can fix.

Kate: Exactly, and so many events played into… depending on when they happened same situation, similar situations were affected differently because of previous events. Slightly switching gears lastly were just going to talk about the organization briefly. Did the organizations at the medical foundation and the Children's home society did they support time out spaces for the employees to collect themselves? So I know you kind of talked about the difference in terms of space but were there like time out spaces?

Kirsten: I think that the medical foundation inadvertently due to its set up at that point in time, now their organized very differently. But there were many remote satellite offices that were in departments and how those departmental spaces were, was very conducive and the medical foundation didn't, the medical foundation expected you to produce in fact it probably had higher expectations than Children's home did to produce. But you were judged by the production and not by your sitting at your desk. And so you could find a space over in the hospital in a comfy chair with your laptop to write your grant proposal or whatever it was right that had to be turned around super-fast. Or you could go home and do certain things, and so there was much more autonomy. And I think well and in so many ways I don't like the

medical model. I think environmentally the medical model creates some spaces for people to, like cause they think about patients that are going through things. And so those satellite offices were not that far from public spaces not hospital. Right but it was very easy and very natural to do. And at Children's home, performance was judged very differently, performance was judged by yes there were certain outputs and how many kids got placed. But for a very brief windows which probably overlaps with 2 of my 5 years there. A lot of it was judged by how much people perceived you cared. Which is a very guilt filled place, and so were there were space? Yes there were spaces you know I think different managers kind of open door a policy. I know my boss definitely did, I was freaking out or upset about something there was that. But aside from that there wasn't anything and it's a culture people never leave their desk.

Kate: Did either of the organizations support counseling for the staff?

Kirsten: Do counseling for the staff? Children's home we technically had an employee's assistance program that was mentioned in meetings several times both small and large group meeting as an organization. And I think there were all those break out meetings. And so that was definitely public, if you heard it I don't know, fast link probably wasn't very personal. But they did the good HR thing and did it.

Kate: Were they required to seek that out, outside of…?

Kirsten: It's kind of ironic that we have, at one point in time we had a counseling program. [Laughter] right, it's not that you would go over to your co-workers… but I actually think that there were some people that formally did go see other people to talk about it. And I think there some great wise social workers that... both young and old that played and informer role in doing that. But other than that I… I wish there was one or two that had.

Kate: So there was some informal, in house?

Kirsten: Yes. The medical foundation no there were never like large organizational changes. Well there were lots of large organizational changes but they were just of a very different nature than what happened at Children's home. With that said one of the coolest things I think they ever did in promoting self-care. Was right after the universities big billion dollar campaign was successful. So people got their usual bonuses if you were a bonus receiving employee. But in addition to that every, every staff got it was like between $500-$1500 dollars to do something related to self-care and nurturing your passion.

Kate: wow!

Kirsten: yes, so I had a college who used her money to do poetry classes, I had one who got massages every day for a year. And I like I think it was one of the most; I think people appreciated more than money. And I think it made a big statement, that taking care of yourself is a really big deal and it's something that is valued. And it never happened again, like the excuse was you raised a billion dollars people over 6 years. But like that I think is something that has really stuck with people. In terms of also thinking differently about what, that self-care and dealing with compassion fatigue can look like. Because then everyone, and some meeting I don't if they originally planned it this way. But, when they announced, maybe the meeting after they announced it like a month later. People went and shared how they were, what they were thinking about right. And then maybe 6 months later the people reported back on what they had been doing and how it felt. And it was so cool.

Kate: that insurmountable value.

Kirsten: yeah and it didn't matter who they were. Like I wasn't at the time that happened I wasn't a bonus receiving employee, wasn't at like the right level. For those first couple of years, but I got the kind of, self-care, nurture your bonus, which is awesome.

Kate: as for the employees who experienced compassion fatigue at either of these organizations, what role did the organization play? Not you as a supervisor but did the organization have any role?

Kirsten: well I think... I think the organization can choose to see things as compassion fatigue or not. And then if it does either way it can choose to care about it or not. And I think the medical foundation was very clear in which strata of employees they were concerned about and made decision based on that. So churning through employees left and right, and every 2-3 years in every single department at certain levels is completely acceptable, or was completely acceptable at that point in time. Right, as long as the… so I think it's like priorities. And at Children's home did it do anything about it… yes it knew it was there, I think there were a lot of conversations. Probably than more than any other organization. And that there were lots and lots and lots of conversations both before big changes happened and after about how it was going to affect staff. And then watching it kind of play out. And did it play a part? Yes and at the same time their hands are tied in a certain way. Meaning yes there are certain things they could have done, as a culture that doesn't like change even small change. And so there are all sorts of little things that could be done. But at the end of the day there are few international adoptions and this is affecting every agency. So if it was an easy problem to fix someone would've fixed it

Kate: so would you say that the role of the organization at Children's home was more about awareness that it existed but didn't really have strategies on how to deal with or what were their strategies.

Kirsten: I think their strategies were to talk about, but it always stayed in a place of talking about it. It really well intentioned but it was just processing, and it never figured out how to move out of that. And I think it has yeah… at least at that point in time it hadn't figured out how to move out of it. And because there had been, they felt that people were so upset by so many changes that had happened that making any other changes was too much. Or they wouldn't know how to access if people were doing certain thing. Or were working from home were like… with all of this other change how can I know. So I think yeah… it just stayed at talking about it. They were like traumatized by their own organizational experience. That's change, I think that's changed?

Kate: at either of the organizations did the organization have staff take compassion fatigue test?

Kirsten: Nope.

Kate: ok, was it ever brought to your attention as a supervisor from upper management?

Kirsten: Nope, never even heard of them. Other than somewhere along there, because we have to have so many CEU opportunities like okay the next one… laughter I can't remember who, it wasn't me. Okay were going to have that next one on mindfulness and compassion fatigue and I think the same time was these things that everyone goes, but where a whole afternoon. And I would say only about a third of the staff went to both of those. Where before you would get like 90% of people because they felt like they can't leave their desks.

Kate: So you've talked to some of this already, but what changes would you liked to have made in the organization or leadership style to promote more positive experiences for the staff around compassion fatigue.

Kirsten: changes…

Kate: what changes would you like to make in the organization?

Kirsten: In the organization… I would, oh I got a long list. I would have a HR department that has some soft skills. And can be seen as an ally in proactively strategizing things not just dealing with problems. I would change some of the technology pieces that would… 1. I would've given everyone laptops so people could work from home, or work remotely or even just go sit downstairs in the empty conference room and work from there. But when people have, I don't even know what you call them anymore 'cause I'm so used to laptops. Desktops right, people are forced to sit at their cube all day long. Right and so I think that's a big one. I think making sure everyone has a skype account or a google voice account. Where you can make calls to your clients and you don't have to use your cell phone or home phone number. Right the whole like remote login to the client database totally possible. We were able to do it at the medical foundation, I think you can technically at Children's home, but like not many people did. Yeah so other things I would change, I would change the physical layout of the building. I mean now it's totally different, but at the time there was like lots of wasted empty space where you could have spread things out and… and had more informal spaces. I would have I don't know I encourage people to do it; maybe I just needed to stick like $300 in their budget so they could go outside and have a meeting. Like at caribou, right like because really we weren't that far from places. But people never really left. I would have had some sort of professional, well there's a collective professional development for my managers so that they could get more management skills. Yeah because none of them came from management backgrounds not that, that's the cure-all for everything. And would have tried to have more fun, but that's it there's time where I tried to have more fun, and you're not going to please everyone all the time.

Kate: Yeah very true.

Kirsten: The Como thing, like 75% of the feedback was really positive. 25% was absolutely scathing. Like you can only help those who want to be helped.

Kate: right

[Laughter]

Kirsten: So there you go coalition of the willing.

Laughter

Kate: so that's pretty much it, but is there anything else that you want to share with me is there anything I haven't asked? Is there anything that you think is important that I should know?

Kirsten: No.

APPENDIX G: LINDA TRANSCRIPT

Kate: This is Kate Demulling and I am here to conduct an in-depth interview with Lind. Is that how you say it? okay Linda on my thesis topic of compassion fatigue. Linda, have you read the information sheet and do you consent to this audio recording?

Linda: Yes.

Kate: Okay, so for starters how would you classify your leadership style? And if you feel comfortable kind of just talking about go for it otherwise I can list off some styles and you can review them.

Linda: So let me maybe, I'll talk first and then if it doesn't fit into one of those you can read those to. Well so when I approach my staff those that I work with. My goal is to have like, the open door policy, like I hope that they feel safe coming to me if they need something and that if they need to confide in me that I am able to support them. That's kind of my primary goal, because I think that's the way can then do the best job in working with the families and kids.

Kate: Yes, it kind of sounds to me Resonant Leadership which is you value like emotional intelligence and connecting with your staff.

Linda: I do.

Kate: You want them to trust you and feel comfortable in coming to you.

Linda: Absolutely

Kate: Okay.

Linda: What's it called?

Kate: Resonant.

Linda: Okay, thank you.

Kate: And it sounds like you're wanting to motivate them by this trust.

Linda: Absolutely oh yes definitely, cause I think you know as a, I've had experience I know that's not what we're focusing on. But even as a worker when I've had people who have not been supportive I was absolutely much less motivated to do a good job. So that's an important piece as well to be a little supportive so then you have more of a commitment to your work. And ultimately motivation to do the job and to do it well to because then you have hopefully some respect for your supervisor, which I think often times then leads to higher accountability to try and do a job well.

Kate: Right, but I think that is important that I mean your job as a supervisor reflects on your experience as a worker so you know what you like and what works for you.

Linda: I have had really as a whole really amazing supervisors whom I think without that I mean that is where much of my learning happened, having strong leaders and a handful of not so great so that maybe I can learn from. So I hope I don't do that. But of course there is no perfect manager or supervisor out there.

Kate: Very true, very true. Can you just briefly I should've asked you this beforehand, in this interview what organizations and positions will you be talking about? And if you can just talk briefly about how many people supervised in those roles?

Linda: Sure, sure I've had 2 positions where I provided direct supervision, so I will talk about both of those. the first one was at an organization called hope adoption and family services so if I reference it I'll just call it hope, and let's see I worked there I think 3 almost 4, 3-4 years and I supervised I think there were 8 work staff, the majority of them were the adoption social workers. and then my current role here at Children's homes I supervise also 7 and their all adoption social workers or what we also call recruiters or waiting identified child recruiters where they try and families for waiting kids internationally. So those are the two places I'll talk about and I worked here just over 2 years.

Kate: Okay, and what is your official title at both places?

Linda: Okay my title at Hope was...

Kate: And if you don't know that is fine.

Linda: Program Manager... and my official title here is Director of Social Work, International Adoption.

Kate: I think that probably says a lot about you that you don't find their fancy title and you don't you know place all your identity in the title, that's clear. Okay so in speaking about leadership style what leadership style do you think best supports your staff, or supported your staff in the past?

Linda: Ok of the ones that I had, the ones like just for me personally or do you want me to reference the...

Kate: For you personally.

Linda: I think that I am trying to be what I think is best to support the staff. So that would be what I had just referenced. Which is having the emotional relationship and that trust there and that building that foundation so they can there for feel most supported. I think that is probably why I strived to offer that, because I think that's the best way to do that.

Kate: Can you give an example?

Linda: Sure, let see... so tell me more help me out a little bit an example specific to...

Kate: Why or how do you think it is working?

Linda: Let me, I think it depends, I don't mean to, it depends on what like are we talking about with them work with their clients, or for them personally either? Okay let see here how has that helped...?

Kate: Or just giving an example of, so you talk about this emotional relationship and trust. How do you know that works? So, do you have an example of like, because I mean it obviously is working?

Linda: Yeah, I think so, I do... one example I can think of just in terms of accountability. One thing that we have here, or with me and my staff. There's flexibility in scheduling, I think that's one way that we retain such amazing staff which I have. And there's like this mutual relationship in trust, that if their working from, their truly working from home. And so what I've found is that when they deviate from their kind of usual schedule people are very open with me. "Hey Linda I'm not working today you know blah, blah, blah... but I'm putting in my hours here and there." And it's like that is just great. So one example at the end of the day Brie emailed me and said just that. "hey Linda I'm leaving at 3 o'clock today you know making up my hours from such and such, my you know interviews with the such and such family went long and I they just wanted to keep me in the loop." that isn't something that I say hey guys I want you to tell me that, but I think because we have that there's sort of this desire to share that. And I appreciate it and feel comfortable if they're not here I can shoot an email, "hey Laura, just so you know checking in, are you working now blah, blah, blah?" so...

Kate: That's a perfect example how it work, yes. Do you have in knowing that each individual is unique not everybody likes their supervisors leadership style, do you have an example of when your leadership style didn't work?

Linda: Let's see, I think that I am, I'm not a, and if this is not specific enough let me know. But, there's one staff person in particular even now, who we work great together but our styles are very, very different, and I am, I'm not someone that kind of come in and sit down for supervision. And say this is our agenda for the day, and were gonna kinda stick to this. And where for her that's something she really needs. And so the good news is we talked about it and I know that, that's something that she desires. and I'm also honest about how maybe that's not my usual kind of fall back so good push a little bit to provide what you need. But if you're not getting it in supervision then I'd like you to tell me you know so. That person wants to have like specific things that we talk about and for example doing like a dialogue like a pretend kind of dialogue with challenging clients. And it's like that awesome I can learn from that to, pushes me a bit, a lot and for her as well. So that isn't completely, I don't know that, that's exactly what you're getting at, but there's something that comes to mind.

Kate: That's exactly what I am getting at, is that just. Your leadership style doesn't support the entire staff, and it's impossible to do that.

Linda: And I think to that when I brought on some new staff. I try really hard to have that initial conversation. Like how do you learn best, initially so I know before I launch into my like well this is my style. Because I don't expect to have to do... I need to challenge myself to. You know it's not like I just want to stay in this kind of box. But that is kind of where I lean and to when, that's my comfort zone I guess yeah...

Kate: Right, but I think this example even speaks to your leadership style of the trust. Because that staff person wouldn't feel comfortable coming to you and saying "listen this is what I need." if they didn't trust you.

Linda: Sure, hopefully, yeah I think, I mean I don't wanna make myself to look to like super rosy. I think it came from us having that initial conversation and what is it you need? And so I realized okay... this I'm going need to, to step up a little bit. And so she was able to share like this is something that she really wants to work on. It's like okay how would that work for you. And it was her idea I don't want to take, steal it was her idea but yeah.

Kate: Can you talk about a time, when or talk about what is the most challenging part of your job as a supervisor?

Linda: That is a very hard question.

Kate: If there is more than one that's fine.

Linda: Let's see, what the hardest part is. Well and as a supervisor I think... I think for me the hardest part of this job. Is still seeing and knowing about the kids histories. so that is not, even though I'm not the one kind of ones always out in the home and seeing the kids as they came home and wait. But I do review referrals I do see and get to know the children as much as you can in the process. And I review all home studies of course and so that for me is still my biggest challenge is feeling that. Because you know I'm a mom now to and I think that's changed my preview and my experience. So yeah the hardest part about of this job is still knowing and reading about the Children's histories and their abusive, or neglect, or what is bringing them to adoption.

Kate: Does that spill over into it being challenging as a supervisor or leader?

Linda: It does because the staff feels that intensely as well and so I think similar to what we were talking about today. Is how can I also support them while I truly find that as one of the difficult parts of this job. So that doesn't though, I think there's a lot of other challenges in terms of like the supervisor piece. But it's not fair for me to answer that until I think I'm truly honest which that is still the most difficult for me. And then of course I imagine the majority of my staff may probably say that same thing. And so being able to support them. The other challenging part is honestly being able to keep up with what's necessary in terms of keeping the agency running and like being efficient. And saying like nope you guys need to, you add another case, I know you're overwhelmed. But I'm sorry we can't hire anymore staff. That is probably the second hardest, knowing that their plate is beyond full but here you go. So those are probably the two biggest challenges.

Kate: We're going to switch gears just slightly and I'm going to talk about compassion fatigue. So I don't mean to be offensive when I'm giving... what's the word I'm looking for here. I'm going to explain these terms, and you have social work background so you're going to know what they all are but just so we're clear when we're talking. So in the research there's a lot of talk about vicarious trauma. Which is relating to the person having a significant disruption in their sense of meaning. How they view their relationships and how they view world based on the trauma that they've experience at work. So there is a disrupt in meaning. For the secondary meaning that's more focusing on the stress that results from helping these families. And then the compassion fatigue is just the gradual lessening of compassion over

time. And that there are often, well there are symptoms that come with all of these but compassion fatigue typically the symptoms are you know the obvious and outward anxiety and depression and negative attitude, the hopelessness. So that's what we're going to be talking about more. These all sort of lead to burn out but were going to focus mostly on the compassion fatigue element, the gradual lessening of compassion and then the symptoms that go along with that.

Linda: Okay, tell me again so the vicarious trauma is the first one you just mentioned. And then what was the second one you mentioned?

Kate: Secondary, secondary trauma.

Linda: Secondary.

Kate: Secondary trauma. So vicarious trauma is their internal sense of self changes based off the experiences they have. So obviously in this area of work, your staffs are often exposed to traumatic events. And you kind of touched on that in having to read their files and how that's difficult. So how do you think compassion fatigue plays into the work of this organization? And then again you kind of touched on some, if you want to elaborate.

Linda: I think it plays in, how does it play in? Just every single new case that they get. They learn about a new child and their history and what brought them to adoption. Which is tough. Numerous amount of loses and often neglect and/or abuse. As well as our families cause often times our work begins with an either you know the applicants. Our clients the mom perspective, adoptive parents. Generally it tends to be a male and a female, sometimes single, single applicant as well. Often times they also have their own experience and sometime trauma that lead them to adoption. Right of the bat every new case they get that's right in their face. So and they have so many cases that its, that's all day, every day. And it's just what they do.

Kate: So you would say it's the exposure to these?

Linda: The exposure absolutely, so their exposure to their stories. And yeah you feel it you hear it. Yeah it's like a secondary experience like someone is telling it to you. And if you're a good listener, if you have empathy, if you're a good social worker. That impacts you as a person and a professional.

Kate: Definitely, so in this organization or in Hope. Do you think you're able to help your staff cope or prevent compassion fatigue?

Linda: I mean I can, did you say prevent? I don't know if I have that much power, I hope that I can at least support them and I do really think that because all of us are different and how we experience this work and how much we feel it. I think it's not, not that I'm taking the owness off of me. But I think it's very dependent on them as an individual to in terms of their ability to cope. And so I think I have an influence on that making sure that they have a safe place to talk about it to share their experience to talk about ways they can take care of themselves. And be supportive and all those things I think that makes a good supervisor. But then ultimately how they experience it and feel it, it's dependent on their personality.

Kate: And we'll actually talk a little bit about that. But what do you think are the limitations or barriers you face in affectively mitigating compassion fatigue, keeping it at bay?

Linda: Time, for myself and for the staff. Because it takes time and emotional energy to really sit and talk about it. And sometimes it's easiest and I say that like with my air quotes. Because you know it takes energy to sit down and talk about it sometimes it's easier to just forget about. And so, and that's very bad. And when we do that but we have our own way to like self-preservation sort of to do your job as well. And I do the same thing, you know it's like if I have a deadline and someone keeps you know coming by my door and its closed. Then they're probably going to be like aw screw it I need to get to the next visit or whatever it is.

Kate: Time, it's a huge one. So what do you think it is your role when you've identified in a staff person who appears to be suffering from compassion fatigue?

Linda: Let me talk... well I guess I will just speak in kind of what I might do. I think my role is to identify it. Often times I can, I sometimes get a sense of it when I am observing them in staff meeting or as were presenting cases for approval. There is something or what I might call like red flags. That I might think okay what's going on? And then generally what I will do is try to bring it up as were meeting. without me identifying it, because I think if, as a worker if your able to eventually able to get to the point in identifying it then there's much more success in trying to be supportive. Where if I was to sit and say I think that you are having "this" they might be like "sure thanks." I mean especially if there really in that place so.

Kate: They might get defensive?

Linda: Defensive, and maybe like hopefully they haven't experienced it too long without any support. But I think if we can identify it really early on then there's ways to have open conversation about it.

Kate: Okay so now were going to switch back and talk a little bit more about staff. And you touched on some of these pieces. But what do you think motivates your staff to do this work?

Linda: Just a passion for child welfare.

Kate: Do you think do you have more to say about that? I don't want to interrupt you.

Linda: No, I'm trying to think if I said that as affectively. I mean but yeah just a passion for children, for kids, yeah.

Kate: Exactly, Do you think there, so we were talking about this earlier about the difference in personality traits of your staff. So do you think there are personality traits that are more fitted to do this work?

Linda: Absolutely.

Kate: And what are the successful and unsuccessful traits?

Linda: That is a really good question. So I think in order to do... man lets see... so personality traits, someone who has like an inner drive to do something without an immediate payback. I don't know what, how you would describe; I don't know what word that is. But that's what I think is a very important, yeah personality trait. In order to be in this work you have to have that. Because if you expect immediate results it's not happening.
[Laughter]

Kate: So you would say an unsuccessful trait is someone who expects immediate results?

Linda: There we go, I would, yes. Definitely someone who is has their own internal motivation. Beyond just the, you know through either money or someone telling them that they did a good job. Those are important things I don't say that in flippant way. It's just but if that is really what is truly going to motivate you most likely won't get the rewards through this position. Those are just two things, there is probably like a gazillion other thing but, I mean I don't know if that's yeah.

Kate: So knowing that each, like we talked about knowing that each person is unique. I'm going to ask you to generalize and say how do you think your staff cope or deal with the stressful situations?

Linda: Overall?

Kate: Overall.

Linda: They... I think they talked about loved ones. One or ones whether that's a spouse or a friend or a parent. And yeah and often times that coworkers included, which I think is a big thing here. That they find support in each other.

Kate: Do you ever see your staff displaying signs of compassion fatigue?

Linda: Yes

Kate: You do, and in what way, what are you observing?

Linda: Sure, a lot of times it's like a disconnect kind of, almost like a yeah disconnect. So what that physically sometimes looks like in staff meeting like kind of being withdrawn. Or sometimes it can be mean talking about cases in a really like a sassy sort of flippant way. Like you know I don't know, yeah just saying something and sort of without a true feeling about it. And it's not that I expect, I mean because it's talked about so frequently it's not that I would expect or it's even reasonable for someone to always have this like. But you can very much sense sometimes that there's like a, almost yeah like a, sassy is the only way I can kind of explain it right now. way where it's kind of like showing like almost like you kind of sick of like talking about it or something.

Kate: Just that feeling of, just sort of like emotionally removing yourself?

Linda: Yeah, like a real, like a disconnect.

Kate: Do you think your staff can identify the characteristics associated with compassion fatigue?

Linda: I think that they, yes I mean if you were to sit down. I mean there are two things I think like if you were to sit down and ask them they'd be able to tell you. We all know, we all know that by training. But then there's the like if their experiencing can they identify it, I mean sometimes but no not always. And I speak about myself in this too, I see that as being normal like it's yeah, human functioning, were not always able to identify if were struggling or why.

Kate: Which is also part of your knowledge base because you've [had] training. You know, you know that, you know the symptoms associated with it. And you know that people can't always see it in themselves. So yeah that matches up. Ok so now we going to switch gears and I want you to in these questions focus on, I'm talking about the organization. Does your organization support time out spaces for your staff?

Linda: Time out spaces? Like tell me more, to take a break?

Kate: Time out spaces.

Linda: To take a break?

Kate: Yeah. To go collect themselves, to take a break to breath to digest, process.

Linda: Yes I think so, it's not maybe like formally set up like that. But yes we've got a lunch room where some staff like are very every day they can sit down together or we have a room. Fishbowl like 2:30pm where a lot of people if its open will just sit down and have lunch. And it's just a space to take a break, anyone can do it, go and sit down talk about those tough cases, or not talk about work at all. We also have a picnic table outside so when the weather gets nice people often go out. So and we have like a yoga teacher that comes, for some time. she'll come random, like maybe 4,5 times where people can sign up for a 6 week session so like every week at like 10 on Tuesdays you can go. So there are, we also have a massage therapist that comes once a month. That is purchased, but it is available for you I think it's like a dollar a minute or something. So...

Kate: But the organization supports for you to take that time out and go do it. And you have to pay for it.

Linda: You have to pay for it but it's like on your time, it you know. It's considered work time yeah.

Kate: Does the organization, does it support counseling for its employees?

Linda: Yes, I mean we have an employee assistance program.

Kate: Are the staff made aware of it?

Linda: Well yes when they're hired, I have, it's interesting that you say that cause. It just was yesterday or Thursday I brought that up that you know this is an option remember?

Kate: So you did it?

Linda: I did, do it I think it's probably the first time I brought up though in my staff meeting. So it's probably a good reminder to do that more frequently, cause I think people forget that's available.

Kate: Do they have the option to seek out therapy sessions outside of work during work hours?

Linda: Yes, it would not be paid necessarily. Well all the staff, this is yeah interesting. All of my staff are salaried. So for me what that means is, it's not a I put in my 8 hours. And it's not a clocking in and out. So if you put in more than 4 hours in a day, its considered a full work day by like human resource rules. so therefore its more than 4, but of course people you still need to work, I mean there's a, you know, your expected to work you know full-time which is the generally acceptable is 40 hours a week. Sometimes its 38 sometimes its 42, but yeah, but by true definition like with HR principles like if you work more than 4 hours a day, then you've technically put in your time. Like you can take off PTO in 4 hour increments, yeah and so you can't take, you can, but yeah you don't take off like 2 hours, you would take of a set of 4 hours off.

Kate: So they could go to therapy sessions during?

Linda: Yeah they could, yeah and people do that you know. They'll put on their calendar a doctor appointment for an hour and their free to do that and come back

Kate: Okay, and has therapy or counseling ever been made available in-house for staff?

Linda: That's a good question, not in the time that I have been here. I do have confidence say we were ever to have a traumatic event with like one of our staff, like something awful, like one of our staff would die or something. I mean I believe that we would do that, but no I don't have a specific example of that happening.

Kate: It's not held regularly. When you've had staff experience compassion fatigue what role did the organization play if any?

Linda: Nothing, and I say that kind of with I mean I don't have an example of where the organization did. If there was a specific situation where I felt really strongly like, I have staff member experiencing significant anxiety as a result of this. I would then go to my, to our director and say something, and I do think that we would be able to set something up to support them. So while I said no, I do believe that if it was real significant need that I could identify with the worker that we would try to support them. Whether that's taking some leave, trying to work with our HR to see you know if they could be eligible for family leave or something like that. I mean I would hope that we would do that.

Kate: Have you ever had your staff take... has the organization ever asked staff to take compassion fatigue test?

Linda: No.

Kate: Does the organization ever hold debriefing sessions?

Linda: Yes.

Kate: Can you give an example?

Linda: We had some layoffs, and you know our executive director basically got us all together after it was announced to debrief.

Kate: Do think there are benefits to debriefing sessions? Do think there are disadvantages?

Linda: Yes, and yes.

Kate: What do you think they are? We will start with advantages.

Linda: Well I think the advantages are pretty obvious, being together providing a safe place to talk. Showing that they hopefully are feeling supported. Knowing that we're recognizing that this is a significant loss for us. So just providing that space then there is a lot of benefits to that.

Kate: And the disadvantages?

Linda: I think the disadvantages are that, that was very much set up for a very specific type of coping. And not everyone copes well in that, so it's probably just the same people talking and that sometimes is very, is not helpful for those that are not verbal processors. You know if your more of an internal processor, which a lot of my staff and myself included are. That can create more anxiety and stress. Because you're hearing someone share their stories and that's just putting more added stress on to them.

Kate: What changes would you make in your organization to promote more positive experiences for staff around compassion fatigue? Or if you think there doing something well, what would you keep the same?

Linda: I think well, I think talking about it more, because the organizations done a good job of offering trainings that talks about it. But that's a very indirect way to provide support, so maybe being more direct and sharing that, this is what it is. If you are experiencing this, this is what we can offer you. And we haven't done it that directly, I think so that's something I think we could definitely do better. Talking more about what the benefits are, that we do have an employee assistance program, or that if you do need to go and see somebody during the work day your able to do that. Recognizing signs and maybe even coming up with like a plan or even like an agreement with maybe me as their supervisor or something. Like you know if I'm starting to feel this I agree to come to you, or something because, not to make it as something for them to do. But for them to know that oh okay, it's okay for me to talk about this and that its even maybe expected that this would happen.

Kate: Right, so it's more about creating the awareness?

Linda: Right yeah.

Kate: Alright, so that's pretty much it is there anything else you want to share, is there anything I haven't touched on that you've thought of?

Linda: No.

Kate: No. Alright, perfect thank you.

APPENDIX F: FOCUS GROUP TRANSCRIPT

Kate: This is Kate Demulling here and I'm conducting a focus group with eight participants for my thesis on the topic of compassion fatigue. All participants are aware that their information will remain anonymous and all identifying information mentioned will be removed from the transcripts. Everybody has consented to the focus group. Correct?

Audience: Yes.

Kate: Does anyone decline? Okay. So for starters we're just going to...I want you to say individually who you are and what your general job duties are in interacting with the public. Somebody can start. It doesn't have to necessarily...

Participant A: [INAUDIBLE] Well I was an adoption social worker previously. Now I'm a stay at home parent.

Participant B: duties...I would say outreach, case management and mental health.

Participant C: [INAUDIBLE]. Mine's similar. Outreach, case management, and mental health.

Participant D: [INAUDIBLE] I am retired but I've worked with...children internationally and post adoption services. So...um...in searches and those kinds of things in post adoption and matching children with families and adoption.

Participant E: I'm [name] a psychotherapist. [INAUDIBLE]

Participant F: [I am a] school social worker with...actually K-12 this year.

Participant G: adoption social worker...so I do home studies and visits.

Participant H: I'm a catch all manager...marketing, outreach, and humanitarian projects.

Kate: Okay. For just the sake of the microphone, I know we're all soft speakers but if everybody could just speak up so that way I actually have content and not... Um...I have a loud voice so sorry. Um...so if we could just talk specifically about how often are you exposed to...disturbing or traumatic events? How often and if you could give an example or two. If somebody wants to go.

Participant E: Well so I work with prison survivors and I um...see on average, six people a day. So it's psychotherapy for an hour. People are talking about them when they were imprisoned or tortured...

Participant F: Um...so I meet with students one on one daily. Sometimes it's my...job is so weird right now but sometimes it's just like one student a day. So the one on one stuff...they're often sharing traumas with me, homeless situations, or abuse at home. And then also doing behavioral management in the room, and so sometimes there's trauma responses...I would say happening, in new kids in the room.

Kate: And remember you can recall things from your past. It doesn't have to be your present daily job. Anyone else?

Participant G: I feel like in my role now, I don't experience much of the trauma. I hear about it. I hear about the trauma that the kids went through. Sometimes the parents who have had traumatic experiences...but I'm not really with them when they're experiencing it. In previous work I did work in day treatment [center] with kids who were in the preschool day treatment and most of those kids had been removed from their homes, were in foster care situations. A lot of mental health diagnoses, and so they were...experiencing a lot of trauma.

Participant H: So mine's kind of similar. I think I like secondary read it...backgrounds of kids and those type of things now. When I worked at [homeless shelter] it was a daily thing with the younger kids at the shelter and some of the parents...

Participant C: [INAUDIBLE] hear things daily and [INAUDIBLE] is different levels. Sometimes it will be basic experience...sometimes I do trauma focused therapies and looking at it more in depth about the traumas. [INAUDIBLE]

Kate: Is that over the phone or is that in person?

Participant C: It'll be a mixture of both.

Kate: Okay. Okay.

Participant B: Kind of similar. I don't do trauma focused therapy. I do other types of therapy though and it comes out within that. But similar to what you said, I think reactions to that...a lot of you know, loss of housing, employment, relationships...you know, as a result of loss of coping skills or other symptoms they have as a result of trauma. So really, helping find resources and help them try to triage some of that. Or people who are over using substances or alcohol...same thing.

Kate: Okay.

Participant A: I think my experience at [adoption agency] was secondary as well, from...so families are reading children's information and prior to that...I actually did an internship as a therapist at a rape and sexual abuse center and so all of my clients had experience with some type of sexual assault. Um...and then prior to that when I worked for the county I did groups with fifth and sixth graders that were identified to the county as sexual abuse or physical abuse victims. And so it would be experiencing a trauma and helping with placements as well as taking kids out of homes for child welfare work.

Participant D: I think mine is probably secondary too but I think the most trauma that I've heard about was from families who've adopted. And they adopted who they thought were typical healthy children and then when they came home they found that they observed lots of traumatic things. They'd been victimized both physically and

sexually. And their parents had not a clue. So I was trying to help the parents figure out how to deal with it and the parents weren't all from [this state] so we had to do that around the country.

Kate: So how often would you say that exposure to these traumatic experiences affects your daily life? How often do you find yourself...your mind wandering or how often do you find yourself at the end of the day, unable to go out and participate in social functions because you just need to go home? So you can just talk basic frequency of when that happens.

Participant G: How many times a week did I come to your office?
[EVERYONE LAUGHS]

Kate: To have your own therapy session. [LAUGHS]

Participant G: But it's true!
[EVERYONE LAUGHS]

Participant B: I think that's a good example of how people deal with it differently. Like Participant C and I were talking earlier this week, not on this specifically but how people need to kind of decompress. Like I am somebody who wants to go to somebody and kind of vent, talk it through, go to happy hour because of it. Going home and being by myself isn't always the best thing for me. Sometimes it is though. As far as how often, it varies so much. I could go weeks and not have...not feel that way and then have several days in a row. So that's hard. I would say about a couple times a month.

Kate: Okay.

Participant C: I think mine would be a couple times a month too but it's more like one specific case [INAUDIBLE]. It's just that there's one for some reason...you know, I don't like how that phone call ended or I'm just hoping they're okay. Like that kind of thing...ruminating about it a little bit. If I'm just having a difficult time, I'm usually just a go home and be by myself person. Sometimes I have to force myself to do the happy hours and focus on something else. [LAUGHS]

Participant H: I go between the two too. Like going out and not talking about it or talking about it with other people, versus just coming home and being by myself. I think it's worse around when I would do travel...when I would do back and forth to [Africa] and when I was working with the humanitarians and those kinds of things there that would be...like there would be weeks after the trip and then it would hit me for like a week straight. And then I would be fine.

Kate: How often do you find your mind wandering?

Participant E: To that specific event or just wandering?

Kate: Wandering just about um...what has happened at work when you're not at work?

Participant G: A lot.

Kate: A lot meaning...? Just general. I mean it doesn't...you're not going to be graded.

Participant E: Probably daily.

Participant H: It'd be rare if it wasn't daily.

Participant D: I'm a chronic non-sleeper and that's...those kinds of things keep me awake.

Kate: Have any of you...would you say that you've experienced anxiety, depression, or like...you talked about the somatic symptoms of not sleeping. Have you ever experienced those because of work?

Participant G: Yes.

Kate: What specifically? Like is it PTSD? Is it fatigue? Is it anxiety, depression...?

Participant D: All of the above.

Kate: All of the above. What's that?

Participant E: So like if a client tells me a story then...I might be playing with my kid and all of a sudden I'm like seeing something that I don't really want to see.

Kate: Sure.

Participant F: I think it definitely affected my sleep. The first time I worked for [adoption agency], because I was full time and my case load was much higher. I was just doing more and experiencing more and I think um...I remember it would be very hard for me to turn off my brain at night and go to sleep. I'd be stressed out during the day and I would be more anxious. I remember when I quit to stay home, what the difference there was in my life and health. Unbelievable. So I was much less stressed and much less anxious.

Participant G: Getting in all of the paper work.

Participant D: I experienced vomiting and diarrhea. It was kind of a big joke around our house. I'd be vomiting before I went to work and [husband] said, "Oh you've got to go to the [adoption agency] today!" Well you know, it was just my stomach was turning for what was about to happen.

Participant B: I think mine was worse at [adoption agency] than it is at where I work now.

Kate: Why is it?

Participant B: I don't know. Initially I thought because it's something new and different and so I'm not sure it would come...just like it wasn't that way initially at [adoption agency]. Um...I don't know because now I feel like the way things are when I work now is similar to how [adoption agency]...we're not back filling and everybody's getting busier and we're overwhelmed and backed up. So it's getting there but I don't feel like it's...I don't know. I don't know why it is.

Participant F: I think um...because I feel the same and I think it has to do with the environment there is so unstable.

Participant H: That's a great point.

Participant F: Like even if it's not being talked about all the time, which it is...was...it's in the air. Like, it's in the energy in the building. Like you walk in the building and you just feel that heaviness. I've been actually anxious to go...I don't think I've been back since I quit because it makes me anxious to think about going into the building.

Kate: That's a really good point because it sort of adds kind of another layer of heaviness knowing like, is somebody going to get laid off today? Is it going to be me? Is it a group? What's going to happen? Like...that's a great point.

Participant G: For me administration made a big difference.

Participant A: Having a good supervisor versus not.

Participant G: It's the whole difference for me in terms of having someone that could...I don't know if this is going to far ahead.

Kate: No, this is perfect.

Participant G: Okay.

Kate: This is going to be a great segue.

Participant G: Okay. Great. Um...having supervisors that are looking out for a healthy life balance and um...standing up for a team when changes are made that effect the team negatively or effect clients negatively...so for me there were a lot of changes in administration between the two times I've worked there and...yeah. I definitely got a close level of stress and anxiety that I was used to before. I'm also part time.

Participant D: And even if that person isn't successful in getting what you need or the team needs, at least you knew she was right.

Participant G: Absolutely. Yeah.

Participant D: Which is different.

Participant E: And I think at [adoption agency] too, the nature of the work they're doing...also there's a lot of uncertainty and so there's just...it wasn't stable anywhere.

Participant A: So I would agree with the [adoption agency] as like...when I worked for the county...my supervisor, I'm sorry, was um...she just always was there and so her expectation was then that we were always there. And um...I found working with teenagers on the run and placements...I'd just been asleep. I'd be thinking where are they? What do I need to do? Where do I need to look? So I didn't um...yeah. So I think...but I would agree as well. I think when I started at [adoption agency], I felt good and then it died quick. But yeah so I think supervision is huge. Who you have as a supervisor. If they believe in a life balance or not...how they self-care...I think that all impacts.

Participant B: And just how they check in with you. There's like such a difference between like, a real like "how are you?" and "how are things going?" and like, "did you do that thing?".

Participant D: Right. Right.

Participant B: It doesn't...like, I know you're busy but...there's something more.

Participant D: Yeah. One of the [INAUDIBLE] of being there so long is there's a real difference between you younger folks and how you take care of yourself than how we older folks did. And I have learned to appreciate that. And I was talking to my husband and son about it too and my son was like, "well the younger ones all have kids" but you know, I was staying longer than I should when I had kids because it's important to get my job done. But I think you guys are much wiser about it.

Participant B: That makes me think too, at [adoption agency] I had remote access. So I had access to my email 24/7 and I was on it 24/7. So right before I'd go to bed I'd check my email and I'd almost always respond back. I could email clients, I could get them to...whatever it was. At my current job, I can't. Once I walk out the door I have zero access. I have no phone numbers, I have no emails...it makes you check out...you have no option. If you want to get it, it's like a huge...it takes forever to get it. So...I think that makes a big difference. Sometimes I wish I had it but for efficiency, compassion, fatigue...any of that it absolutely makes a difference.

Participant C: You know when you're home there's nothing you can do about it. You can't do anything about it until you walk in the door the next day.

Participant D: You might as well just let it go.

Participant E: I would agree [with that comment on that place of employment]. I also worked for there for nine months and that was the only place I've ever gotten my notes done on time because we had to get them done in like 48 hours. Otherwise your supervisor gets dinged when you sign the note it becomes a performance issue. So that was really stressful but it made me like set boundaries with clients. Like, our time's done because I need to go and get my notes done in that five minute window I have. And because I couldn't do it at home. Yep. And like they were really clear what your tour of duty is. This is your check in time, this is your check out time. So the structure totally made a huge difference for me setting my own boundaries. Because everywhere else, like I have access now. It's like 10 o clock at night and I'm trying to get it done...

Kate: So...and you've already talked and touched on this a little bit but...how do you define support by your direct supervisor? So you, Participant B, you talked about check in's and how they approach you. Um...but would some of you say it's the emotional support...would you say it's flexibility...um...is it their ease of access or their time? How would you define?

Participant H: For me it's like consistent supervision so there is like a set time...so that depending on what you come up with or what your need is. If it's like a more just...listen to me...or I need an answer or just being able to have consistent supervision time that you anticipate is huge.

Participant F: Yeah I think just really truly believing that, that person has your back...for me. You know, that person really is looking out for the best interest of not only the clients but also the workers. Um...so there are a lot of ways that is shown...but I can't really think of like a good...

Participant A: Well I think a good way initially, at least for me would be um...keeping something in confidence. So...if I experience something with a client and you went in to talk to them about it...and you knew you could because it was safe, it was like a good holding environment...if you want to talk about it in a therapeutic sense...rather than I go in and I know she's going to be visiting with this person and this person and they're going to be talking about how I handle this...who handled it...and it's not necessarily adequate supervision...meeting...where they themselves are venting about their supervisee. The supervisors have to do that...I get that. Um...but it became more of like an office politics, or gossip.

Kate: So professionalism.

Participant A: Yeah.

Participant D: I'm getting the same message. Every time from that supervisor. Even though like um...you don't have to do all that work at home but how come you don't have this report done yet? And stuff...and I think as...the other thing that I think happened with the previous supervision is um...can you take this case, it's really hard and you know, you get asked that pretty often and pretty soon you've got more difficult cases than you need to be doing. So...

Participant F: I think the supervisor having a really solid understanding of your job as well. That's what is so hard about working in the school. As my supervisor last year was the principal...I mean, he doesn't know...he's a great principal but he doesn't know anything about social work. And this year um...she used to be a speech pathologist and she's like just the director of special ed...vocalized to other social workers in the district that she does not...believe that social work is like a legit profession.

Participant D: Sweet.

Participant F: So it's hard. It sucks because she doesn't get it at all and doesn't want to...doesn't care to.

Participant D: Yeah.

Participant F: And there's that too. Maybe a supervisor might be put in a position of supervising and they don't understand the job. They work to understand it. And they invest in...trying to get it so that they can support you.

Participant C: Yeah. I think that's a huge one. Knowing the job...having actually done it is the best. And I think that's why things are better for me.

Participant D: And also being secure in who they are because not trying to please people...because if I do it this way then I'm going to get in trouble so I'm going to cover my ass and hope to...and let yours hang out there.

Participant B: Even to flexibility...I think that's important too and for me it all comes back to trust. Like, um...you know if they didn't trust me then yeah, I'm sure you can work a different shift or you can leave early because I trust that you'll get your...without even having to say it. Like, I know you'll get your stuff done so yeah, go ahead. Like giving me that flexibility because there's that trusting relationship that they know you'll you know, get your stuff done. Yeah, that you're competent.

Participant E: Where I work too, secondary trauma is like a...part of our professional development and part of our performance review, so we have to put something in there every year about it. And so it just becomes part of our conversation we're constantly having with our supervisors. Which...it's not like you're...incompetent because you're experiencing compassion fatigue but it's expected.

Kate: So it is acknowledged?

Participant E: It makes it a lot different to talk about it.

Participant B: Well I think it's hard with adoption because adoption is something every day. And I think some of the people above us just don't understand that...we don't...and so they don't get it. So...how can you expect them to know what we're doing?

Kate: So I was going to ask if it's common to feel supported by your direct supervisor? But I'm getting the vibe that it's not... So can you give specific examples of when you did feel supported and how it made you feel supported? If you have been... Maybe you have to dig deep.

Participant B: My job since [adoption agency], my supervisor just recently retired. But he was great. I thought that he was wonderful and I felt all the things we were saying in the meeting about a supervisor, he had. It's like I feel like...I went from one extreme to the other. Like I had one of the best, so now I'm like oh gosh...how's my new supervisor going to be? They can't get any better. And he did all the stuff that we were talking about I feel like, and very much...like you could go to him for support, he would normalize things...or if you said here's the case, this is what I'm thinking of...he'd be honest if he disagreed with it. Absolutely. I trust you. I know you have good clinical skills, you're good, don't worry about it. Like I...a kind of, "I have your back" thing. And I always felt that if something were to fall through or something were to happen, I always felt like he would have been there to stand up for me if something would have happened.

Participant C: Yeah. I have the same supervisor. But I had left my previous job solely because of the supervisor. Because I was working...at a different [employer] but it was the end of last year...it was just like...all about the numbers.

So I didn't have the numbers that they would look for. Um...and I would try to boost...well nobody was trying to post mine, but I tried to boost the morale of everybody else on the unit. And it would come back and she'd find something wrong with my statement of how we got this much money...and she would just reprimand me for like... "How dare you take that money! You were supposed to take that to..." I did the right thing but she was just an automatic attack no matter what you did and like yeah, I would go in his office and get freaked out. Why is he calling me? Because that was a way...it took four years before...just you know, yeah he trusts everything that you're doing. So that was good.

Kate: Yeah.

Participant B: So they exist.
[EVERYONE LAUGHS]

Kate: So can you name then two or three things that would make you successful in your job that your supervisor could do for you? The top two or three.

Participant H: Consistency is the biggest thing for me.

Participant D: But I think somebody who tries to... "Oh okay. I'll take this to so and so" and then you're not included. I always think of that because I'd like them to know what I know. Not what that person knows.

Kate: Sure.

Participant C: I think the knowing the job thing is huge. Because then they can understand if you're getting stressed out or whatever and they can make decisions that make more sense if they know what the process is and...I don't know, what needs to happen.

Participant A: They have more realistic expectations. So then...which only sets you up as an employee to be successful. [INAUDIBLE]

Participant F: Supervisors who have the ability to be present as well. I think I only...the only time I really feel like I had a good supervisor was for the like, two months when I was a counselor and [name] was my supervisor. She would come and sit in my cube and look at me and be like...how is that case going that I know you have...how is that case? And how are you feeling about it? And she was there. It'd be like three minutes but she was totally present.

Participant H: Like, [supervisor's] job is too big so it's like...when there's supervision you need that attention.

Participant F: [Supervisor] is probably a good illustration of how a good supervisor can become a bad supervisor based on how many they have to supervise. If you have too many you can't do it. Just like if you have too many cases as a worker, you can't do a great job.

Participant E: And I think with that...like being a good advocate so you can like be able to set boundaries for yourself and for the people that you're supervising. And not like...because of the pressure from above.

Kate: So have any of your supervisors every communicated to you what their leadership style is? Like the actual...because there are definitions to leadership styles. Are they aware of what their leadership style is and did they communicate what that is?

Participant B: That's a fascinating question.

Participant G: I think a lot of them say one thing and then do another.

Participant D: Because they're trying to please people above of them too.

Kate: Okay.

Participant C: They say, I'm flexible and I don't like micromanaging you, but…

Participant B: With [name]...I feel like when I started he may have. Like, because when you start a new job I feel like...and this is the same at [adoption agency] actually. I felt like I needed to check in...like, alright, I'm here...I'm leaving...and it's so flexible and you don't actually have to do that. And it's the same with my old supervisor...that I felt that same way. And I feel like at a certain point he did say that...like you don't need to come to me, I'm not going to micromanage you...this is what I expect from you and as long as I see you're doing that I'm a pretty hands-off kind of person. And that's what I experienced from him.

Kate: Okay.

Participant B: But I agree with you about other supervisors I've had. Their style is...

Participant E: People are flexible you know more of what to expect. But unfortunately I get stuck with that sometimes with like... [INAUDIBLE].

Participant B: It wasn't necessarily all about him..

Participant E: I would say at my internship...but it was an internship so I think it...that's just a set up. We had a contract and so my supervisor there, he was incredibly consistent, supportive, and would...you know, talk about difficult sessions and...he would then challenge you like emotionally...how are you handling this? So he would kind of bring out the compassion piece. But yeah...so that was different.

Participant F: That's interesting because when I was in graduate school I would have to take so many credits to be able to supervise people. And one of the classes that I took had that like, every supervisor should have a contract and it was very much like the internship. Right? And in theory, that's a great idea. People can stick to it and you can do it. It seems like a bit of overkill I think...but for those that don't have that, it's a good idea. But I don't think anyone really does that...because an internship...I feel like that's because the school is checking on it. I know that the school's going to ask for paper work.

Kate: There's a partnership.

Participant E: Right.

Kate: So we're going to switch gears just slightly...we're going to talk a little bit more about the compassion fatigue itself and so I'm going to give a couple definitions here. I do not mean for this to be offensive, because I know you all have formal education and have heard these definitions before. But in the research, this is what the...general definitions is for these terms, so that way we can discuss the differences. So there's vicarious trauma, which is...there's a significant destruction in one extensive self. And so...their connection to the world or their identity is disrupted because of it and how they view the world and their inner personal relationships. Secondary trauma is the stress resulting from helping or wanting to help a trauma case or suffering person. And then compassion fatigue is what we're actually talking about...the gradual lessening of compassion over time...and so that's where you see the symptoms...that's like the hopelessness, the anxiety, the sematic symptoms... So, have you...I'm assuming you have...but have you learned about these concepts through education or training?

Everyone: Yes.

Kate: Have your organizations talked about them?

Participant D: No.
<six nodding no, two nodding yes>

Kate: So two organizations.

Participant F: I don't think it was ever backed by supervision. There was no follow up so I mean if there would be a speaker that would come in and that was it...I feel like there was some at [adoption agency].

Kate: So maybe...

Participant F: I'm sure it was adoption mostly...those were optional so maybe not.

Kate: So it wasn't like an overwhelming concept that...

Participant F: It wasn't too often. No.

Kate: Okay. Do you think you'd be able to identify the characteristics and symptoms associated with compassion fatigue? Would you know it was happening? Has your supervisor ever directly inquired whether you are experiencing compassion fatigue?

Participant C: Mine never did...
<one participant nodding yes>

Kate: Yours...yes. How so?

Participant E: [INAUDIBLE] Like um...or like every quarterly review it's just a standard...

Kate: Oh. Okay.

Participant E: [INAUDIBLE]

Kate: Wow.

Participant E: I mean there's two sides to that. Sometimes it doesn't have to be about that. It might just be that there's jacked up stuff happening right now and that's what's making me feel...but it's not about secondary trauma. But it's nice that people do ask me because when it is happening, it makes it easier to actually talk about it...

Participant B: For me it happens only if they're aware of a really tough case. So if something bad happened or they know there's a case that's really challenging, then my boss would have asked me...like how are you doing? Are you doing okay with this? You know, how are you coping with it? Have you talked to anybody? And actually we...I don't know anybody else that this happened to so I don't know how consistent it is. I had a...I was actually case managing committing suicide and I had another peer...another social worker from the [employer] call me and say, like I'm a part of the...now I can't remember. Like, the suicide um...support team so I'm going to call you...I'm wondering if you need some time to discuss it. How are you doing? We're all active providers...and I was fine so she's like, do you mind if I call you again in a month and we'll discuss again? And so again, like I asked some of my co-workers and nobody else had experienced this...or have gotten a call like that. So it was really random...none of us even knew it was like...

Kate: And where was this? She was a social worker within...?

Participant B: At the [employer]. A similar job to myself in a different department, so she just is part of this group that does this but nobody else I've worked with has ever gotten a call like that. I don't know that it's consistent. I was like, this is a great service!

Participant C: [INAUDIBLE] I had somebody recently like a month ago die... [INAUDIBLE]

Participant A: I had a family where the child was shaken to death. So it was a family that I...my direct supervisor was on vacation and so a different supervisor handled it. And she then arranged...it was actually very kind of her. She arranged...to have like a therapist come in and mediate kind of...talk with myself and my work and the two specialists. And we were able to...it was really helpful. I don't know [INAUDIBLE]

Participant G: I think one of the things that were helpful to me were a staff meeting. We do have cases at that meeting and get support from the co-workers. [INAUDIBLE]

Participant B: I did have another time...when the same thing happened...my supervisor pulled in to...and I didn't get a call from the team. But um...two other people that I work with...selectively worked with at the same Veteran and all four of us sat down and just kind of talked about her...reminisced and he asked about her and all of that. Actually she didn't commit suicide...she passed away...and at the time we thought she had though.

So...anyway I thought that was really...I think that was his way of asking...and reminding that we can come talk to them if we need it.

Kate: So it doesn't sound like any...maybe your organization had...like formal um...protocol for support for compassion fatigue but it doesn't sound like anybody else is aware of any formal... Have you ever been asked to take a compassion fatigue test?

Participant B: If it's been optional in training...maybe not formally.

Participant F: I think I've taken one...like I was digging around on the internet.
[EVERYONE LAUGHS]

Kate: Yes. They have them.

Participant E: We did one...everyone on the team...

Kate: Are you aware of any continuing education options on compassion fatigue? Yes?

Participant A: I've seen a flier here and there...

Kate: And you've taken them?

Participant E: [INAUDIBLE]

Kate: Okay. Okay. And so if it was...you would be interested. You would want to take them? Yeah?

Participant A: Stress reduction course, so that's similar...I would say.

Kate: And what specifically...or how did you find it helpful?

Participant A: It did self-care and meditation...being aware of [INAUIDBLE]. In life...in work...

Kate: That's actually the next question. Have you ever taken a mindfulness course? [LAUGHS] So has anybody else taken a mindfulness course?

Participant G: I think I did at [adoption agency]

Participant F: Just like training...

Participant H: I think there's been a couple there that I have...

Participant B: The [employer name] does offer for all employees, a couple classes...like the mindful base over the... [INAUDIBLE].

Participant E: [INAUDIBLE]

Participant B: So that is something that they're offering for that purpose.

Kate: Okay.

Participant E: I have done [INAUDIBLE]

Kate: So it's an eight week course?

Participant A: Yeah because what is it? Catastrophe living...

Kate: What would you say your present self-care plan is?
[EVERYONE LAUGHS]

Kate: Let's talk about what it like...is.

Participant F: Um mine is exercising at least three times a week...and eating healthy...

Participant E: Or not eating healthy... [INAUDIBLE]

Kate: What's that?

Participant E: Playing with my kids...

Participant D: Retirement has helped...

Kate: Anybody else? Healthy or unhealthy self-care?

Participant H: Alcohol.
<several nodding in agreement.>
[EVERYONE LAUGHS]

Participant F: I would say marijuana.
[EVERYONE LAUGHS]

Participant E: The person that I worked with... [INAUDIBLE] and so...we talk a lot about you know, the stress of it and that kind of thing. And that helps too...someone who understands.

Kate: [INAUDIBLE] likeminded.

Participant H: I would say that for me is the biggest...

Kate: You what?

Participant E: I don't [INAUDIBLE].

Kate: Okay. Yep.

Participant E: So getting it all the time. It's hard.

Participant A: I agree with that. And then I do a meditation about three to four times a week.

Kate: So you do take time to debrief with your friends...your families...co-workers..? What do you think is more helpful than family and co-workers?

Participant E: It depends on what it is but if it's directly related to clients...than co-workers.

Participant B: Or friends who are similar...

Participant E: Because they get it. Otherwise you would have to explain everything and then you...even then they don't quite get it.

Participant H: It's just not satisfying.

Participant F: They can't handle that.

Participant C: Right.
[EVERYONE LAUGHS]
Participant E: Or they zone out and it's like...thank you for not listening to me...
Kate: Yep.
Participant H: Well and like being a supervisor now, I can't...commiserate with co-workers as much as I used to be able to...so I have to watch that and like shift it more to friends and stuff because it's not appropriate.
Participant F: And also therapy.
Kate: Do you have to seek therapy on your own or do your organizations help set you up?
Participant A: I don't think organizations are helpful as well...personal opinion. I don't...
Participant B: I agree with Carmen...
Participant A: Because as much as you say it's self-care, there's still a lot of um...I think opinions about...and so I think that yeah...it depends on where you work too. Because I had another psychotherapist...they all talk about going to therapy as they're providing therapy and they're all okay with it.
Participant F: I just feel like probably most or all people that are in the profession should or would benefit from having their own therapist. Even if it's like having it five times a year...it matters. It doesn't have to be like a weekly or monthly thing. I just think...
Kate: Similar to having your employer give you the option...is that what you mean?
Participant F: Oh no. I'm just saying in general...I think everyone should be...because we're being that person for so many people and so, yeah we have our other people who don't get it...but to be able to go and talk to somebody and have them be present and support you in the right way, is so helpful. Even if it's not...talking about stress is at work...you can just...yeah.
Participant C: And I think like being flexible, that's something an employer can do...because if a lot of therapists are nine to five and that's your work schedule, then...like trusting you'll get your work done and letting you spend your day so you'll be able to go talk to someone.
Participant F: And then if they just paid for it too. That would be super.
Participant H: Or had better benefits, yeah.
[EVERYONE LAUGHS]
Kate: So would you...the general consensus is you don't have benefits that cover it adequately?
Participant G: I think adequately is a keyword. If they have that employee assistance or whatever...I don't know anybody who uses it....
[INAUDIBLE]
Participant F: Well we don't get to choose. It's like a certain organization...
Participant F: You get a list of names...and you only get three sessions and I did this after...in the beginning stages of my divorce, I guess I would say, and I just had to pick somebody. And I was like, what the hell? Like, I don't even have a brain right now and I'm having to pick from this weird list. And you go once and it's three sessions...that's what you really need to figure out if a therapist is going to work.
Participant H: Absolutely. You can't even dive into anything...
Participant F: No...and so at the end of the three sessions, I was like...this wasn't even helpful. Like, I would have fired you right now. Now I'm done...
[EVERYONE LAUGHS]
Kate: okay. Is there anything else you want to share or add...talk about?
Participant E: I think as an agency you can have a lot of things in place. Like, structurally in place but...it totally depends. Like someone can talk to you about what [INAUDIBLE] they say, like this is what my style is. Like...I hope it works for you. Is different than this is my leadership style...what works well for you when you're working... So I think how you talk about it and you can have all of these in place, but what it actually looks like when it's played out really does matter and it often is different.
Kate: Anybody else? We're good? Okay. I'm shutting off the recorder.